Care Quality Commission

Prime Life Limited

The Mount

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 had recently appointed a manager following the resignation of the previous registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider. The new manager had been in post for six weeks and had started the application process with CQC to become registered.

This inspection was unannounced and took place over two days. The last inspection of the service took place on 30 December 2013 when no issues were identified.

The Mount is registered with CQC to provide care and accommodation for a maximum of 19 people who have a learning disability. Local facilities and amenities are within walking distance. At the time of our inspection visit there were 17 people living at the service. The accommodation is on two floors, some rooms have ensuite facilities. There are two separate bungalows, one was for multiple occupancy, and one for single occupancy, in which people who are less dependent on staff for support live.

People and their relatives told us they were happy with the care provided at the home and their care and social

Summary of findings

needs were being met. From our observations, and from speaking with staff, people who lived at the home and relatives, we found staff knew people well and were aware of people' preferences and care and support needs.

We found the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards provide a legal framework to ensure that people are only deprived of their liberty when there is no other way to care for them or safely provide treatment. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and knew how to ensure the rights of people who lacked capacity to make decisions for themselves were respected.

The registered provider had robust recruitment processes in place which protected people from unsuitable or unsafe staff.

The home was meeting people's nutritional needs; people were supported to ensure they had enough to eat and drink. People told us they were involved in menu planning. The registered provider took steps to ensure the menu was nutritionally adequate.

Staff involved people who used the service in choices about their daily living and treated them with compassion, kindness, and respect. Everyone looked clean and well-cared for. We saw that people had access to a wide range of activities both within the home and the local community.

People told us there were enough staff to give them the support they needed and our observations confirmed this. The majority of staff had received training considered to be essential. Training had also been organised on specific topics such as diabetes and end of life care.

We observed care was responsive to people's needs and preferences.

People knew how to make a complaint and we noted the home openly discussed issues so that any lessons could be learned and improvements made where needed. People felt they were able to express their views at any time and told us they were listened to and acted on.

Staff involved people who used the service in choices about their daily living and treated them with compassion, kindness, and respect. People were supported by staff to maintain their privacy, dignity and independence. People's relatives and friends were able to visit the home at any time.

Leadership and management of the home was good. There were systems in place to effectively monitor the quality of the service and drive a culture of continuous improvement.

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?

Good

The service was safe.

People told us they felt safe.

People's safety around the home had been assessed and people who lived at the home told us there were enough staff to meet their needs. Staff were recruited safely.

Staff were trained in the safe handling and administration of medicines.

Is the service effective?

Good

The service was effective. Staff received appropriate, up-to-date training and support.

People who lived in the home and their relatives told us they felt the staff had the skills they needed and knew them well. People told us the food was good.

The service had policies in place that ensured they met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People told us they felt cared for and happy.

We saw that staff interacted well with people. People were encouraged to express their views about the care they received and felt they were listened to.

People's dignity and independence was promoted.

Is the service responsive?

Good

The service was responsive. Care plans contained sufficient information about people's health care needs, and what they enjoyed doing.

Activities provided included swimming, visiting drumming sessions, exercise classes and visits to the nearby seaside. People were encouraged to access the local community.

People knew about the complaints policy and were certain any issues would be dealt with by the manager or staff.

Is the service well-led?

Good

The service was well led. Although the manager had only been in post for six weeks, the service was well organised, enabling staff to respond to people's needs in a proactive and planned way.

Regular staff meetings took place and were used to discuss and learn from accidents and incidents.

People who used the service and their relatives were surveyed about their views about the care and the home in general.

The Mount

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 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.

This inspection took place on 6 and 7 October 2014 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to the inspection the registered provider completed a Provider Information Return (PIR). The PIR is a document completed by the registered provider about the performance of the service. The local authority safeguarding and contracts teams and the local Healthwatch organisation were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. They told us they had no current concerns about the service. Healthwatch is an independent organisation which acts as the consumer champion for both health and social care.

We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the main dining area. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with seven people who lived in the home, five care staff, the registered manager, deputy manager, and the regional manager.

We looked around the premises, including people's bedrooms (after seeking their permission), bathrooms, communal areas, the laundry, the kitchen and outside areas. Four people's care records were reviewed to track their care. Management records were also looked at and these included; four staff files, policies, procedures, audits, accident and incident reports, specialist referrals, complaints, training records, staff rotas and monitoring charts in people's bedrooms.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments from the seven people we spoke with included, “Yes, I am safe”, “It’s safe”, and “I feel safe and protected here.”

The service had policies and procedures in place to protect people from abuse or harm. The four members of staff we spoke with were able to describe in detail the types of abuse that may occur and what systems were in place to report abuse. Staff told us they felt confident the management would respond to and investigate any concerns they raised. The training records showed staff had received training in safeguarding adults from abuse within the last year. We reviewed the service’s safeguarding records and saw appropriate referrals had been made to the local authority and the Care Quality Commission (CQC). The local authority told us the service was always responsive to their investigations and had always taken appropriate action to address issues when necessary.

We reviewed four care plans all of which contained up-to-date and appropriate risk assessments to promote people’s safety around the home. Risk assessments included those for: medication; pressure care; nutrition; the environment; and behaviour which may challenge the service or others. We saw there were specific risk assessments for three people with epilepsy. These provided staff with clear and concise information about what to do in the event of a person having a seizure.

We noted that risk assessments were updated monthly to ensure they reflected any changes in people’s needs. One member of staff told us, “We take risk assessing very seriously. We make sure all assessments are still relevant.” However, we pointed out to the manager that some of the comments in the review form did not give sufficient information. The manager acknowledged this told us the staff were due to receive training on recording information in care plans and risk assessments the following week. We saw a training schedule confirming this.

Staff demonstrated good understanding of how to deal with varying behaviours that may challenge the service and there was specific training in this area. Our observations showed the training was embedded within the routine practise of the staff. One member of staff told us, “We are well trained in dealing with the behaviours residents sometimes have.”

Staff rotas showed the 17 people who lived at the service were cared for by four care assistants and one senior care assistant throughout the day. The manager was supernumerary. One person received one to one care for 24 hours. One member of staff told us, “I think there is enough staff here, in fact I think it’s quite generous. The registered provider produced documentation showing that each person’s dependency levels were assessed monthly. They told us this allowed them to adjust the staffing if necessary. People who used the service told us there were enough staff to meet their needs. Comments included, “Staff are always around”, “Yes, there’s enough” and “They are there when I need them.”

Staff described how they had been recruited into their roles safely. Each of the three staff we spoke with said they had their references checked and were cleared to work with vulnerable adults by the disclosure and barring service (DBS) before commencing their employment with the service.

We looked at the way medicines were stored, administered and disposed of. All medicines were stored securely. Controlled drugs were kept in a separate locked cabinet to which only the manager had the key. We noted staff were required to complete a daily check of stock balances. All but one member of staff had been trained in the safe handling and administration of medicines. We were shown copies of staff supervisions which included a six-monthly check of their competency in handling and administering medicines.

The manager showed us the monthly medication audit carried out by the regional management team. The audit checked storage, refrigeration, controlled drugs, and training. We saw recommendations had been made as part of this audit and an action plan formulated, this showed us issues had been addressed and re-checked the following month.

We reviewed the medicines administration records (MARs) and found they were completed accurately. We saw people who used the service had been subject to a risk

Good

Is the service safe?

assessment as to their ability to self-medicate. We saw one person self-medicated and they had an up-to-date assessment that identified any associated risk with them taking their medicines and this was reviewed monthly.

Good

Is the service effective?

Our findings

Staff told us they had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). One member of staff told us, "Yes, we had MCA training". The manager and registered provider told us they worked closely with the local safeguarding team to identify any potential deprivation of people's liberty. At the time of our inspection no one was subject to a DoLS authorisation. We saw the registered provider had notified CQC of the outcome of any previous DoLS applications made.

We reviewed four care plans and saw each contained assessments of the person's mental capacity. The form used by the registered provider required the manager to explain why the test was being carried out and was accompanied by a 'best interest checklist' which was designed to protect people's rights. When people had been assessed as being unable to make complex decisions there were records of meetings with the person's family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interest and the least restrictive.

We asked the manager and staff about the use of restraint and were told any form of physical restraint would not be tolerated. Staff described how they would deal with people who would sometimes demonstrate behaviour that challenged the service. They told us about distraction techniques and giving people time and space to calm themselves. We observed an incident during our inspection visit and saw the staff allowed the person space and time, clearly understanding the cause of their anxiety. This allowed the situation to be resolved within a few minutes without causing any distress to others.

We reviewed the home's records which showed the training staff had undertaken and when they were due to be refreshed. We confirmed that training was up-to-date for the majority of staff. We saw the registered provider considered training in infection control, mental capacity act, moving and handling, food hygiene, fire safety, health and safety, and safeguarding vulnerable adults all to be essential. At the time of our inspection visit we noted training had been booked for the following two weeks in moving and handling, mental health awareness, recording and reporting, stroke awareness, and behaviour that challenged the service. This meant the staff received the training needed to provide good quality care. Records showed all staff had gained a nationally recognised qualification in care at either level 2 or 3.

The manager told us their priority within the first six months of their appointment was to ensure all staff received training that would prepare them to support people with their diverse or changing needs. This included training for diabetes care, end of life care and pressure care.

Staff told us communication was good across the different shift patterns. Comments included, "We have a handover between shifts" and "We record any changes in people's needs in the communication sheets so that all staff know how a resident is feeling or if something's changed for them."

Staff told us they received supervision and appraisal although this had not happened in the last few months following the change in manager. When we spoke with the manager and registered provider about this they were able to produce a schedule of future supervision meetings and confirmed that ongoing informal support was available to staff.

We observed the lunchtime experience which was a social occasion with people enjoying banter with each other and the staff. We saw that where people required assistance to eat by the staff, this was carried out in a sensitive and dignified manner. The menu was displayed on the wall of the dining area in a pictorial format. People were able to choose from a number of options. The lunch was well presented and was served quickly so that it remained hot. People who took longer to eat than others were afforded the time to do so.

On the day of our inspection visit lunch was prepared by the senior care assistant as the service did not have a dedicated cook. The senior care assistant told us a new menu had been developed for the next four weeks following a meeting between the staff and people who used the service. The manager told us the menu had then been sent to a dietician for input and advice as to whether it was nutritionally balanced.

People's weights were recorded each month in their care files. In addition the home completed a nutritional risk assessment tool monthly. We reviewed the registered provider's policy on people's weight and noted that when

Good

Is the service effective?

people's weight dropped below a set level, the manager was required to make a request for an immediate referral to a dietician or the Speech and Language Therapy team (SALT). We saw evidence that confirmed this policy was adhered to.

We observed people were offered drinks regularly and were encouraged to make their own drinks if they wished.

We saw that people's care plans were reviewed monthly. This allowed the service to identify changes in people's needs effectively. Referrals had been made to external health and social care professionals when necessary. Records showed people were supported to attend outpatient appointments at the hospital as well as attend GP, dental and optician appointments. People who used the service told us, "I get to see my Doctor if I need to" and "If I feel poorly they (the staff) will get the Doctor."

Good

Is the service caring?

Our findings

People told us they felt cared for and happy at The Mount. Comments from people who used the service included, "I like it here, they're [the staff] very kind", "I like the things we get to do" and "Everyone's so nice."

One person's relative who visited the home on the day of our inspection told us, "I think the care here is great. The staff can read her and know what she is thinking. There is a real energy in the staff, there's a good mix of ages and skills. They are very caring."

Throughout the day of our inspection visit we observed staff consistently interacting with people. Staff were always available in the communal areas, asking people if they were alright and if they needed anything. We carried out an observation using the Short Observational Framework for Inspection (SOFI) for 30 minutes. This showed us staff interacted positively with people. There was not one person who was left without any interaction. We observed staff speaking with people in a calm, sensitive manner which demonstrated compassion and respect. We observed an inclusive atmosphere and people were at ease within their surroundings.

Staff were sensitive when caring for people with limited communication and understanding. They spoke softly and calmly and gave people time to respond. They took steps to ensure people had understood using verbal and non-verbal methods of communication. One person who used the service was unable to hear or speak and we saw the staff had undertaken training in sign language in order to communicate with them more effectively.

Staff we spoke with were able to describe people's life histories and clearly knew and understood people's needs and social preferences. Staff told us the care plans gave them sufficient information about people and they were encouraged to read them regularly to ensure they knew people well.

During our observations we saw people who used the service were always asked for their consent before any care tasks were undertaken. The four care plans we reviewed also contained the person's written consent to their care.

We observed members of staff asking people if they needed assistance in a quiet, discreet way. All of the people we spoke with said they felt they were treated with respect and that their privacy was respected. The service had appointed one member of staff as a 'dignity champion'. One part of their role was to carry out the monthly dignity audit which looked at the environment, people's privacy, staff appearance and attitude, personal care, bathing, and communication. We saw when past audits had identified a number of shortcomings, an action plan had been created and implemented. Staff told us the dignity champion would address issues at the monthly staff meetings. In addition, the manager told us the service was looking to appoint a 'residents' dignity champion' in order to promote the views of people who used the service.

People told us they would have no hesitation in talking to someone if they felt unhappy. One person's relative told us, "I think xxx would be quite comfortable in just telling any member of staff if there was something she was unhappy about." Records showed people used independent advocacy services to assist them in making decisions about their life choices.

We saw the service had put posters up around the home using pictures of happy and sad faces to inform people who used the service about how to say if they were unhappy about anything.

People who used the service told us they were encouraged to maintain their independence as much as possible by carrying out tasks for themselves or by going out for walks. One person said, "I go out if I want to and I go swimming in Immingham." We saw people who lived in the bungalows were supported to carry out their own cleaning and domestic tasks. One member of staff told us, "The whole ethos of the home is that it is not labelled as a care facility, it's a home where people get to do things and live as a community. Part of that is that the residents are encouraged to be independent as they can be whatever the ability is. We work with every resident to achieve that."

Good

Is the service responsive?

Our findings

Care plans contained sufficient information about people's health care needs, what they enjoyed doing, and their daily routine preferences. One member of staff told us, "We take time to complete the care plans properly, we know we need to make them relevant to the resident."

We looked at four care plans and saw they were well ordered, easy to read and written around the needs of the person as an individual. We spoke with people who were able to tell us about their interests and routines; we confirmed this information had been recorded in the care plans. For example, one person told us they liked to stay up late and get up late; they also did not like to be disturbed in the morning before 11.00am. We saw this was written clearly in the care plan and staff understood this person's wishes.

Each care plan contained detailed information under the headings of: 'Good things about me', 'Things I like' and 'Things I don't like'. When speaking with staff they were able to describe these preferences in detail.

People's care plans were reviewed monthly, this ensured their choices and views were recorded and remained relevant to the needs of the person. Some people told us they were included in these discussions.

Whilst there was not a dedicated activities coordinator employed within the home, the manager told us all staff provided activities throughout the day. We saw a pictorial display of the week's activities in the lounge area; these included: walks; shopping; visits to the local seaside; swimming; exercise classes; and a drumming class. We saw people who used the service were encouraged to attend 'The Hub', a local resource which provided classes such a cookery and crafts. One member of staff told us, "Activities has had a really big focus in the last year."

We saw people were encouraged to participate in the running of the home; some people helped with cooking whilst others had an established allotment in the garden which provided vegetables for meals. One person showed us how they had been involved in the creation of a paving stone sundial in the front garden. During our inspection visits people were creating displays in preparation for the Halloween party.

We noted people's involvement in activities was tracked through the daily progress notes and the manager told us this is how they ensured people did not become socially isolated.

Each of the seven people we spoke with told us they had no cause to complain about the home but said they would know who to talk to if they were unhappy. They told us they knew about the complaints policy and would be certain any issues would be dealt with by the manager or other staff. Copies of the complaints policy were displayed throughout the home and were made available in an easy to read format.

People who used the service and staff told us there were 'residents' meetings' every four weeks. Records from last meeting showed people discussed activities, food choices, the upkeep of the chickens and people's involvement in the local community. At the end of the meeting the notes described how each person was asked whether they were unhappy about anything in the home or if there was anything they would like to change. People were also reminded to ask for alternative foods if they did not like what was offered.

Good

Is the service well-led?

Our findings

There were effective systems in place to monitor the quality of the service. The home was well organised which enabled staff to respond to people's needs in a proactive and planned way.

At the time of our inspection visit the manager had only been in post over just over a month. As a result they were not yet registered with the Care Quality Commission. They told us they had recently begun the application process. The manager told us they had been supported well since their appointment and had received frequent visits and support from the regional management team. The previous registered manager of the service had also provided some level of support on the telephone.

We reviewed the results and evaluation of surveys sent to people living at the home and to staff in June 2014. Everyone indicated they felt the staff were helpful and all said they felt their privacy was maintained. We looked at the action plan the manager developed following the survey. This gave specific timescales for the completion of actions.

Even though the manager had only been in post for just over one month, the members of staff we spoke with generally thought the management of the home was responsive and supportive. One said, "I think the manager is good, we can approach him. We have a low turnover of staff and most of us have been here for some time. We have a good team spirit and work closely together. I think the change in manager has been a positive experience overall." Throughout our visit the inspection team observed staff working well as a team, providing care in an organised, calm and caring manner.

Records showed regular staff meetings had been held in the past although the new manager was yet to organise a meeting. The notes from previous meetings showed the then registered manager had openly discussed issues and concerns. We saw action plans were developed when appropriate. The new manager assured us this would continue at future meetings.

Staff told us the management encouraged transparency and promoted an open and honest culture. We were told, "If a mistake did happen, with medication for example, I really do believe every member of staff would come forward immediately to discuss what had happened" and "If anything happened we would tell someone straight away and make sure it didn't happen again, that's what happens here."

The registered manager showed us the audits they undertook each month; these included audits of the kitchen, the environment, infection control, medication, and staff working practises. A random selection of people's care plans were audited each month. This showed us that regular monitoring of the care and support provided was carried out.

In addition we were shown records of monthly visits from the regional management team who would check audits had been completed, action plans had been created, and whether actions had been followed up.

Records showed accidents and incidents were being recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. We saw that as a result of this analysis one person who had been subject to a number of falls had been referred to an occupational therapist who recommended they move to a downstairs room. We saw steps had been taken to discuss this with the person and make this happen.

By examining records of accidents, incidents, injuries, and safeguarding referrals we confirmed the registered provider had submitted appropriate notifications to CQC in accordance with CQC registration requirements.

The manager showed us the complaints and compliments log. We saw the home recorded the number of complaints each month and had followed them up with actions and acknowledgements to complainants. Members of staff told us that any complaints were discussed openly in staff meetings and actions were always taken to rectify any issues. The compliments log showed positive comments from the local intensive support team, the drum teacher, and five relatives of people who used the service.