

Prime Life Limited

St Oggs

## 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

We inspected St Oggs on 18 October 2016. The inspection was unannounced.

St. Oggs is situated in a residential area of Morton, Lincolnshire. The service provides accommodation for up to 21 people whose needs are associated with their mental health. There is a bungalow within the grounds of the home which enables up to two people to live a semi-independent lifestyle. There were 19 people living in the home at the time of our inspection.

There was an established registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was not available during the inspection. A senior support worker who acts for the registered manager in their absence was available throughout the inspection.

People were happy living at St Oggs. They were supported to maintain a safe lifestyle and have as much control over their lives as they wanted and were able to have. They were involved in planning and reviewing their care and encouraged to express their views about how they wanted to be supported. People were supported to maintain their privacy and were treated with fairness and respect. They were able to express their choices about their leisure time and were supported to maintain their hobbies and interests.

People were supported and encouraged to maintain a healthy lifestyle. They had timely access to the healthcare services they needed. People enjoyed their meals and had enough to eat and drink.

People's rights were respected in accordance with legislation such as the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the Equality Act 2010. They were supported to make decisions for themselves wherever they were able to do so. Where this was not possible they were supported through a best interests decision making process.

CQC is required by law to monitor the operation of the MCA and DoLS and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way in order to protect themselves. No-one who lived in the home at the time of the inspection required authorised restrictions to their freedom. Staff understood when an application to restrict a person's freedom may be necessary and they knew how to make such an application.

We found that people had developed trusting relationships with the staff who supported them. Staff had a detailed knowledge of people's individual needs and wishes and provided support in line with them. Staff recognised the importance of maintaining people's privacy and dignity and upholding their rights to equal treatment.

Staff were well trained and supported to manage people's individual needs, and to keep up to date with good practice and relevant legislation. They were able to identify and manage any potential risks to people's health, safety and welfare. The provider had systems in place to ensure that people were protected from the risk of abuse and staff knew how to contact other agencies to report any concerns of this nature.

The provider had systems in place to ensure that they only employed staff who were suitable and safe to work with people who lived in the home. They and the registered manager ensured there were enough staff with the right skills to provide people with appropriate care and support.

The provider and the registered manager maintained systems to enable people to raise concerns or complaints and have them resolved. People also had opportunities to provide their feedback about the quality of the service by way of questionnaires and house meetings.

Systems were in place to ensure that any shortfalls in the quality of the services provided were identified and improved in a timely manner. The systems included regular audits of the key areas of support and practice.

## 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 were supported in a way that minimised risks to their health, safety and welfare.

There were enough safely recruited staff on duty to meet people's individual needs and wishes.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and supported to meet people's needs.

People were supported to make their own decisions wherever possible. Staff understood how to support people who lacked the capacity to make some decisions for themselves.

People had access to the healthcare services they needed and they were supported to eat and drink enough to stay healthy.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity and their privacy was maintained.

People were supported to make their own lifestyle choices. Their rights to be treated equally were maintained.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support.

People received all of the care and support they needed and

wanted.

People were supported to pursue their hobbies and interests.

There was a system in place to manage complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People were supported to be involved in the running of the home and express their views about the services provided.

Staff were encouraged to raise any concerns they had.

The provider had systems in place to assess and monitor the quality of the services provided.

# St Oggs

## **Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 18 October 2016 and was unannounced. The inspection team consisted of a single inspector.

Before the inspection, we asked the provider to complete 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 within the timescales we required and we took this into account when we made our judgements in this report.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

During the inspection we spoke with 10 people who lived in the home and looked at four people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of care.

We spoke with the senior support worker on duty and five staff members. We looked at three staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe living at St Oggs. One person said, "I feel very safe here; I never feel alone." Another person told us, "You're definitely safe here; they [staff] make sure of that."

There was information displayed around the home about how to help people stay safe. People we spoke with knew where the information was and that there were contact details for external agencies that would be able to help them. We saw that some of the documents were available in easy read versions so that everyone could access the information. Staff told us they received training about how to keep people safe and this was reflected in staff training records. They knew how to contact external agencies such as the local authority safeguarding teams and were aware of the provider's procedures for reporting any concerns they had. The registered manager had notified us in a timely manner of any incidents regarding people's safety that had occurred within the home.

People told us what they would do if there was an emergency in the home such as a fire. They said that staff regularly reminded of how they should react in this type of situation. Two people we spoke with knew about the emergency evacuation plans that were recorded in their care records. We saw these plans were up to date when we looked at people's care records.

When we spoke with staff they demonstrated that they understood how to identify risks to people's health, safety and welfare. Identified risks had been planned for within people's care plans. We saw that the risks were reviewed regularly with the person where they were able to be involved. Examples of the risks highlighted were road safety, self-harm, expressions of anger and financial vulnerability. We saw many examples of staff following risk management plans throughout the inspection. One example was when staff supported a person to attend a local advisory service regarding their vulnerability with financial issues. Another example was how staff supported a person with a specific short term physical health need to manage their contact with others. The person told us how important it was to manage their contact with others to ensure everyone remained safe. They said staff supported them well with this need and understood how to minimise the risks involved.

Records showed that the provider and registered manager regularly reviewed any incident reports, such as falls, accidents and deterioration in people's skin condition. This enabled them to identify any areas of practice that needed to improve in order to appropriately manage and minimise the risks to people's health, safety and welfare.

The provider had carried out a range of checks before any new staff started work in the home and staff confirmed this when we spoke with them. The checks included seeking references from previous employers, confirming people's identity and carrying out checks with the Disclosure and Barring service (DBS). This meant that they could assure themselves that potential staff members were suitable to work with people who lived in the home.

People who lived in the home and members of staff told us there were always enough staff on duty to

provide the support people needed and wanted. Rotas were in place to show how many staff the registered manager said needed to be on duty and how they were deployed during the shifts. This included deploying staff in roles such as cooking, driving the home's vehicle or supporting people to attend appointments. There were clear arrangements in place to cover any shortfalls in staff numbers in such situations as sickness. These shortfalls were covered by staff who were known to the people who lived there so as to ensure consistency with their support needs.

There were arrangements in place to ensure that the medicines people needed to take were stored and administered safely. This included medicines that required extra safety measures to be in place regarding their storage and recording. We saw that there were enough supplies of the right medicines in the home and records showed that staff recorded stock balances when they administered medicines. This meant that staff could make sure they ordered new stocks in a timely manner. Records showed that staff signed medicine administration charts (MAR's) to confirm they had given people their medicines at the correct time and in the way they were prescribed.

People told us their medicines were administered on time. They also said that staff signed their medicines administration records (MAR's) when they had taken their medicines. People told us that staff supported them to understand why they needed to take the medicines prescribed for them. One person told us, "Oh yeah, they tell me what I'm taking and why."

As well as receiving their regular medicines at the time prescribed, people were able to ask for extra medicines to help with needs such as pain or anxiety relief. Where people were prescribed extra medicines they had a personalised protocol in place to guide staff about the reasons for administering the medicine and how to administer them safely.



# Is the service effective?

## Our findings

We saw, and records confirmed that staff were provided with a range of training which related to people's care and support needs. Staff confirmed this and said they received training in subjects such as supporting people's behaviours, epilepsy management, drug and alcohol abuse and mental health needs. They said it helped them to understand people's needs and provide the right type of support. One member of staff said, "[The training] makes you think about what you are doing." There was a training matrix in place which enabled the registered manager and provider to plan appropriate training for the year ahead.

We saw that some staff members had been allocated lead roles for topics such as infection control. Part of their role was to develop links with local experts and groups in order to maintain a working knowledge of up to date practice in the subject area. This enabled them to support the rest of the staff team to maintain and develop their knowledge and skills.

Records confirmed that staff had also undertaken a programme of induction training when they started to work at the home. We saw that the induction programme for new staff was based on a nationally agreed framework called The Care Certificate. This framework sets a basic standard for the skills staff need to have in order to support people safely.

All of the people we spoke with felt that staff were well trained. They said that staff knew them "very well" and understood their needs and how to support them. One person told us, "They know what I want before I do sometimes."

Staff told us, and records confirmed that they met with senior staff or the registered manager regularly to discuss their personal development and training needs. They said that the registered manager or senior staff were always available and willing to advise and support them in their daily work.

We saw, and staff told us that their training programme included courses about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the 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. DoLS provides a legal framework for ensuring that people are not deprived of their liberty unless it is in their best interests and legally authorised under the MCA.

All of the staff we spoke with demonstrated a clear understanding of the MCA and DoLS guidelines when we spoke with them. No-one living in the home at the time of inspection was subject to any restrictions of their freedom. The senior support worker and other staff understood the type of situations which constituted restrictions to a person's freedom. The senior support worker also knew how to apply the MCA and DoLS guidance in order to ensure people's legal rights were maintained.

Throughout the inspection people were encouraged to make their own decisions where ever possible. Examples of this were seen such as people being supported to choose where they wanted to spend their

time, what they wanted to eat and who supported them with their care. We saw that when people had difficulty making a decision, staff supported them by offering various options and suggestions. An example of this was when a person had difficulty deciding where they wanted to go on a trip out in the afternoon. The staff member offered a range of suggestions based on their knowledge of the person's likes and preferences. This helped the person to make a more informed decision.

Records showed that people's capacity to make certain decisions regarding aspects of their life such as finances and healthcare had been assessed. Where a person was able to make a decision for themselves their decision was recorded. There were also records to show where decisions had been made in a person's best interests when they were unable to do so. We saw that staff asked people for their consent before they carried out support tasks and respected the person's wishes about how they wanted their support to be given.

Everyone we spoke with was complimentary about the food and drinks provided for them. They told us that staff knew what foods they liked and didn't like. One person told us about a particular dessert they enjoyed. They said the cook, "Makes a lovely sponge." People gave us examples of foods and drinks they liked and we saw these items were available in the kitchen. One person showed us how everyone could choose from a range of menu options for each meal. They said, "If there's nothing on there you fancy [the cook] will make what you do want." People also had access to a smaller kitchen area to make drinks and have snacks whenever they wanted them.

People's care records included information about their food and drink preferences and specific dietary requirements. This information was also available in the kitchen area to ensure that it was readily available when meals were planned and prepared. We saw that people's dietary needs had been assessed using a nationally recognised framework and staff had supported people to access specialist services when they needed extra guidance with their diet.

People were supported to access the healthcare services they required. These services included their GP, specialist doctors and dentists. During the inspection one person received a visit from a specialist nurse in order to monitor their health needs and guide staff in how best to support them. Another person described to us how staff had helped them when they needed treatment at a local hospital. People's health needs were recorded in their care plans and there were clear instructions for staff as to how to support those needs.

# Is the service caring?

## Our findings

Everyone we spoke with told us they liked living at St Oggs. They told us that staff treated them well and made sure they had everything they needed. One person said, "The staff are really helpful; they talk to you and spend time when you need it." Another person said, "[Staff member] is extraordinary; he takes us out and talks to us and is very pleasant." The person went on to say, "For me, this is undoubtedly the best place I have lived."

People said they found it easy to talk to any of the staff members. They described staff as, "Nice", "Thoughtful" and "A good laugh". People also told us that they felt listened to by staff and respected as individuals.

When we spoke with people about how staff supported their privacy and dignity they gave us examples such as staff knocking on their bedroom doors and waiting to be invited in and staff speaking with them on their own about private matters. They told us they had keys to lock their bedrooms if they wished to have them. One person said, "They even knock on the smoking room door sometimes." Another person said, "Well I know they don't talk about my private things to them [other people who lived in the home]."

People told us they thought staff treated them fairly and as equals. We saw that staff spoke with people in a respectful manner. They demonstrated to people that they were actively listening to what they had to say by focusing their attention on the conversations. We found that staff recognised and accepted the different lifestyle choices people made for themselves. This was demonstrated, for example, in the way people were supported to personalise their own rooms and the way they were supported with their personal appearance. Records showed that staff had received training about how to support people in relation to equality and diversity. This demonstrated that the provider had recognised the importance of maintaining people's rights.

Staff demonstrated throughout the inspection that they understood how to help people to relieve their anxieties so that they could enjoy their day in a relaxed way. They used different approaches for different people. For example, we saw they spent time engaging with some people in discussions about how they were feeling; with other people they took time to include them in social activities. Staff also recognised when people needed to spend time in their own company.

People had access to information and support regarding local advocacy services. Some people we spoke with said they had used these services in the past. Advocacy services can provide support for people to make and communicate their wishes and are independent of the provider's organisation.

Staff demonstrated that they understood how important it was to ensure that people's personal information was kept in a confidential and secure manner. This related to written records and verbal information. We saw that staff discussed personal information with people in private and made sure their written records were securely stored. When staff needed to discuss people's care and support between themselves we saw that they did so in a private area.

## Is the service responsive?

### Our findings

People told us they were involved in planning and reviewing the support they needed and wanted. They told us they signed their care plans to show they agreed with them. Some of the people we spoke with told us they talked with staff about their care and support and knew about their care plans. However they said they were not interested in seeing their care plans and staff respected this.

The care plans we looked at clearly identified people's care and support needs. They gave clear information as to how staff should meet those needs. The plans also set out the expected outcomes and impact for people as a result of being provided with appropriate care and support. Records showed this information was used as part of the regular reviews of the care plans effectiveness.

We found that staff had a detailed understanding of people's needs. This level of understanding was promoted through the use of a keyworker system. Key workers are members of staff who work closely with the person in order to get to know their individual needs. People told us they had a keyworker with whom they could spend time talking about their care and support. One person told us, "[Keyworker] really knows me; really supports me when I'm not good."

People told us that staff responded appropriately to their changing needs. One person we spoke with told us they had come to stay at St Oggs for a short while because they were not feeling well. They told us how the registered manager and staff had made flexible arrangements regarding the amount of time they stayed in the home. They said this had helped them to relax more and commented, "They've got to know me so well; they've helped me to feel so much better and I'm ready to go home now." They also described how staff had made arrangements for them to continue to receive support when they went home.

We spoke with people about how they spent their time and whether they were supported to maintain any particular hobbies or interest. People told us about, and we saw they were supported with interests such as football, playing pool, writing letters and art work. Some people told us they liked to spend time on their own listening to music, watching television or using computers. Other people said they liked to go out to the local town or go for walks on their own. People said that staff supported them to celebrate special occasions, enjoy day trips and take holidays. People who did not wish to, or were unable to go out on their own told us they were offered opportunities to go out regularly with staff. They told us they sometimes they went shopping or they chose to go to a local amenity such as garden centre or the seaside. People were clear in their views that they were not in favour of having a planned daily activity programme. We saw from the minutes of house meetings that they were able to discuss and plan for their preferred leisure activities.

People said they would be happy to raise any concerns or complaints with the registered manager or staff. They said they were confident that their issues would be sorted out quickly and fairly. One person said they often told staff when they were not happy with an arrangement in the home. They went on to say, "They sort things out for me."

There was a system in place to ensure any concerns or complaints were dealt with in a timely manner.

Records showed that one formal complaint had been received by the home within the last 12 months and had been responded to and resolved in line with the provider's complaints policy. The policy was displayed in the home and people knew how to access it.

## Is the service well-led?

### Our findings

There was an established registered manager in post. They were supported in their management role by two senior support workers. The registered manager was not available during the inspection. A senior support worker was carrying out the day to day management role in their absence and was able to provide all of the information we needed.

We saw that people who lived in the home were comfortable and relaxed in their interactions with the senior support worker who was managing the home on the day of the inspection. People told us they thought that the registered manager and the two senior support workers carried out their roles well. They made comments such as, "Oh, they know what they're doing" and "Spot on, they're right on it." Another person said, "They're such delightful people and very organised."

Staff told us they were well supported by the registered manager and senior support workers. They told us they felt the staff team worked well together and were supportive of each other. They said they felt able to express their views which were listened to and respected by colleagues. Staff told us they were confident about raising any concerns they had and felt they would be addressed in the right way by the registered manager and senior staff. They were all aware of the provider's whistleblowing procedures and said they would use them if their concerns were not addressed.

People told us that they felt involved in how the home was run. They said the registered manager and staff asked them for their views about topics such as any proposed changes to the home environment. One person gave an example of the proposal to refurbish people's bedrooms. Minutes of a house meeting from April 2016 showed that people had been involved in discussions about the proposal and how it could be managed.

People told us the provider also asked them for their views about the services provided for them. They told us they were able to speak with the provider's representatives during their regular visits and they filled in a yearly questionnaire. The annual questionnaire for 2016 had not yet been completed. However, we saw the outcomes from the 2015 questionnaire. This showed that in areas such as staff attitude and knowledge, décor of the environment and cleanliness, the quality of meals and the overall service quality people had rated their experience as either good or excellent.

There were systems in place to monitor the quality of the services provided for people. We saw that the registered manager regularly carried out audits of areas such as concerns and complaints, accidents and incidents, pressure area care and nutrition. A representative of the provider also visited the home at regular intervals to carry out further audits which included the quality of care plans and how dignity and respect was promoted within the home. Records showed that where audits identified any shortfalls in the quality of services there were action plans in place to improve practice. We also saw that records such as accident reports and complaints were analysed in order to identify any particular trends or issues. This approach to monitoring the quality of the services meant the registered manager and the provider could take timely actions to minimise the risks of repeat events.

