

Prokare Limited

The Limes

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

This inspection was unannounced and took place on 2 October 2017.

The Limes provides accommodation and personal care for up to six people who have an acquired brain injury. On the day of the inspection three people were living in the home.

The home had a registered manager who was present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider did not recognise that information shared with them were complaints and records were not maintained of what action had been taken to resolve them.

People were supported by sufficient numbers of staff and the provider had contingency plans in place to ensure there were always enough staff on duty to meet people's needs.

People felt safe living in the home and staff knew how to safeguard them from potential abuse. Staff were aware of how to reduce the risk of harm to people and had access to risk assessments that supported their understanding about how to do this. People had consented to their treatment and were supported by skilled staff to take their prescribed medicines.

People could be assured they would receive a service specific to their needs because of their involvement in their care assessment. They were also supported by staff to pursue their social interests.

People were cared for and supported by skilled staff. People's human rights were protected because staff were aware of the importance of enabling them to make their own decision. People had access to a choice of meals and staff were aware of suitable meals for the individual to reduce the risk of choking. Staff assisted people to access relevant healthcare services when needed to promote their physical and mental health.

Staff were kind, caring and sympathetic to the individual's needs. People's involvement in their care planning ensured they received a service the way they liked. People's right to privacy and dignity was respected by staff.

People, a relative, and staff were aware of who was running the home. Staff felt supported by the management team to carry out their role. The provider had systems in place to monitor the quality of service provided to people.

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 cared for by sufficient numbers of staff who had been recruited safely.

People were safeguarded from the risk of abuse because staff knew how to protect them. Staff had access to risk assessments that supported their understanding about how to reduce the risk to people. People were supported by skilled staff to take their prescribed medicines.

Is the service effective?

Good ●

This service was effective.

People were cared for by skilled staff who were supported in their role by the registered manager. People's consent for care and treatment was obtained where possible. People had a choice of meals and staff were aware of suitable meals for the individual. People were supported by staff to access relevant healthcare services when needed.

Is the service caring?

Good ●

This service was caring.

People were cared for and supported by staff who were caring and had a good understanding of their needs. People's involvement in their care planning ensured they received a service specific to their needs and in a manner that promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were actively involved in their care assessment and were supported by staff to pursue their social interests. People could be confident their complaints would be listened to and acted on.

Is the service well-led?

Good ●

This service was well-led.

The provider had systems in place to monitor the quality of service provided to people. People had the opportunity to tell the provider about their experience of using the service. The home was managed by the registered manager and staff felt supported by them to carry out their role.

The Limes

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 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 2 October 2017, and was unannounced. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority about information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the inspection visit we spoke with two people who used the service, one relative, two care staff one of which was an agency staff. We spoke with the community service manager and the registered manager. After our inspection visit we spoke with a staff member by telephone. We looked at three care records, medication administration records and records relating to quality audits.

Is the service safe?

Our findings

People were cared for and supported by sufficient numbers of staff. The registered manager was confident there were enough staff to meet people's needs. The provider had contingency plans in place to maintain good staffing levels. For example, agency staff were used when necessary. The provider had a 24 hour 'on call' service, where a manager would be available to provide support, advice or work at the home if there was a shortage of staff. This meant the provider had systems in place to ensure there were always enough staff on duty. On the day of the inspection we observed that staff were nearby to assist people when needed.

People could be confident that staff were suitable to work in the home. Staff confirmed that prior to their appointment a Disclosure Barring Service [DBS] check was carried out. A DBS assists the provider to make safe recruitment decisions. A staff member also confirmed that a request was made for references.

People felt safe living in the home. One person said, "I feel safe here because I am looked after and cared for well by the staff." Another person nodded their head to indicate they felt safe." We spoke with a relative who said when their relative had settled in the home. They told us, "[Person] tells me they're not scared anymore and they haven't tried to run away. That makes me feel happy." Staff had a good understanding of various forms of abuse and how to recognise this. They told us they would share any concerns of abuse with the registered manager. Staff were also aware of other external agencies they could share their concerns with to protect people. The registered manager demonstrated a good understanding of when to share information about potential abuse with the local authority to safeguard the individual.

People were protected from the risk of harm because staff knew how to care and support them safely. One person told us they had the necessary equipment to help them to move around the home. Staff told us they had access to risk assessments that supported their understanding about how to assist people with their mobility and the equipment required to do this safely.

We looked at how the provider managed accidents. One person told us they had sustained a few falls. Hence, they were provided with a wheelchair. A staff member told us the person's footwear had also been looked at to ensure they were safe and suitable. The registered manager said all accidents were recorded and we saw evidence of this. This enabled the provider to review and monitor accidents for trends and where necessary take action to avoid a reoccurrence.

People were supported by staff to take their prescribed medicines. One person said, "The staff give me my medicines when I need them." Further discussions with this person identified they were aware of why they needed to take their medication. The registered manager said all staff who managed medicines had received medicine training and a staff member confirmed this. Access to training ensured staff had the skills to support people to take their medicines as directed by the prescriber. We observed that medicines were securely stored and were not accessible to unauthorised persons. Medication administration records were signed accordingly by staff to show when medicines had been given to people. We saw that people had been prescribed 'when required' medicines. These medicines were to be given only when needed. For

example, for the treatment of pain or agitations. Staff had access to a written protocol that informed them how to manage these medicines safely. This demonstrated that systems and practices ensured the safe management of medicines.

Is the service effective?

Our findings

People were supported by skilled staff. One person said, "The staff go on training and I think they know what they are doing." The registered manager told us that staff had access to routine training and this was confirmed by a staff member. The same staff member told us they had received relevant training about people's health conditions. They said after they had received training, they had discussions with the registered manager about how they would put skills learnt into practice.

People were cared for by staff who were supported in their role by the registered manager. The registered manager said staff received one to one [supervision] sessions and this was confirmed by staff. A staff member said they didn't have to wait for their one to one sessions to discussed matters. They said, "The registered manager always makes time for you and in their absence I can talk to the community service manager or the provider." Another staff member said, "During my supervision my work performance is reviewed." This meant staff were supported by the management team to carry out their role efficiently.

Discussions with the community service manager and staff confirmed that new staff were provided with an induction into their role. One staff member said, "My induction helped me to do my job properly." This meant people could be assured that new staff were equipped with the knowledge about how to care for them.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One person told us they were able to make their own decisions and staff listened to them. The care plans we looked at showed that people had consented to their care and treatment. One staff member confirmed their understanding about the principles of MCA. They said, "I always explain the choices available and allow them to make their own decision." They told us that where necessary people were supported to access an advocate or a social worker to assist them to make a decision. An Advocate is a person who supports and enables people to express their views and concerns. They also support people to access relevant services when needed.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. One person said, "When I want to go out the staff will take me." The registered manager informed us that two people had an authorised DoLS in place. This was due to their short term memory which placed them at risk of harm if they left the home without staff support. We spoke with a staff member who demonstrated a good understanding of DoLS. The registered manager confirmed that mental capacity assessments were in place and we saw evidence of these. These assessments ensured that the DoLS application was appropriate.

People had access to a choice of meals. One person told us the food was good and they were always provided with a choice. A relative told us, "The food is wonderful. I had a meal with them and it was lovely." Staff were aware of the suitable meals for people. For example, a staff member told us that two people required soft foods to reduce the risk of choking. Due to one person's weight loss they had been referred to a speech and language therapist [SaLT]. The person had been prescribed high calorie supplements. We saw that people were provided with meals as identified in their care record. We observed staff sitting with people whilst they encouraged them to eat their meal and engaged in conversation with them. One person told us they had access to drinks at all times and we observed this.

People who lived at the home had acquired brain injury and discussions with one person, a staff member and the care records we looked at confirmed they had access to relevant healthcare professionals. One care record identified the involvement of a neuropsychologist to support a person with their behaviour. We spoke with the registered manager about this person. They told us the person was unable to walk when they moved into the home. With the intervention of relevant healthcare professionals and the support from staff, this person was able to walk with the aid of a walking frame and we observed this. We spoke with the person's relative who expressed their happiness with the achievement their relative had made with their mobility.

One person told us they had a weak limb. With the support and treatment from a physiotherapist they were now able to move their limb slightly. They said that staff always arranged for them to be seen by a GP when they are unwell. This showed that people were supported to access healthcare services to maintain their physical and mental health.

Is the service caring?

Our findings

People were cared for and supported by staff who were kind and sympathetic to their needs. One person said, "The staff would bend over backwards to help you." They continued to say, "Staff always try to make you happy. They make sure we are safe, they help us with our meals and they keep the home clean." We spoke with a relative who said, "The care here is fantastic. What impressed me was I told the staff that [person] required support with their personal care and they attended to them straight away." They told us, "[Person] couldn't get better care anywhere else." We observed that when a person became unsettled a staff member took the time to sit and reassure them.

People were encouraged to be involved in planning their care. One person told us they sat with staff on a monthly basis to talk about the care and support they required. A relative told us they were also involved in planning their relative's care. They said they had monthly meetings with staff and other healthcare professionals. Their relative would agree their goals and how this would be achieved. For example, the registered manager said the person had recently mastered standing up alone to wash their hands at the washbasin. The registered manager said this was a massive achievement for the person. We saw that people had signed their care records to show their involvement. People's involvement in their care planning ensured they received a service specific to their needs.

People's right to privacy and dignity was respected by staff. One person told us that staff always knocked their door before entering. A staff member said, "I always respect people's wishes and give them time alone with their visitors." We observed that a person was left in private to chat with their relative. We spoke with another staff member who said, "I respect people's wishes and I always encourage them to do things for themselves where possible."

People were able to maintain contact with people important to them. One person told us their family did not live nearby. However, staff assisted them to visit their relative. We spoke with a relative who confirmed there were no restrictions on visiting and they were always made welcome.

Is the service responsive?

Our findings

People were involved in the assessment of their care needs. One person who used the service confirmed they were involved in their care assessment and reviews. We saw that the person had signed their care records to evidence their involvement. A relative informed us that due to their relative's health condition they were actively involved in their assessment and reviews and was happy with the service provided to them.

People were supported by staff to pursue their social interests. One person said they had discussed with staff the things they enjoyed doing. They told us that staff had made arrangements to help them pursue these activities which entailed sailing, a visit to Wales and going to car boot sales. They told us, "We go out for lunch sometimes and I went out for a meal on my birthday." They continued to tell us about their holiday in Spain. The same person told us their daily routine reflected their preference. For example, they told us they liked to get up at 6am and staff assisted them to. The same person told us about their physical health and how staff supported them to do exercises recommended by the physiotherapist. They said, "I do bed exercises and staff help me to stand from my wheelchair."

A relative told us that [person] showed an interest in woodwork and staff had arranged for them to attend woodwork classes which they enjoyed. They told us they had been invited on a trip to Wales with their relative and said, "We had a lovely day and lovely experience." They continued to tell us about their recent 24th wedding anniversary and staff enabled them to celebrate this in the home. This showed that staff took an interest in what people wanted to do and supported them to do the things they enjoyed.

We spoke with staff about how they promote equality, diversity and human rights. One staff member said we would make every effort to get to know people and respect their way of life. Discussions with a relative and the same staff member confirmed people's religious needs were respected. The staff member told us how they adapted the service provided to people in view of their faith. For example, people's preferred meals in relation to their religion and where they do not wish to celebrate certain religious events.

One person who used the service told us they had never made any complaints. However, they said if they had any concerns they would tell the registered manager. We spoke with a relative who said they had raised concerns about their relative's appearance. They confirmed that the registered manager listened to them and acted on this. They said they had not had any further concerns since. In February 2017, we received concerns about the service which we shared with the provider. The provider informed us in writing that these concerns had been investigated and the allegations were unfounded. This demonstrated that complaints were listened to and acted on.

Is the service well-led?

Our findings

We found that complaints were responded to. However, these were not recorded to enable the provider to monitor them for trends or to show what action had been taken to resolve them. This was because information shared with the provider were not identified as complaints. The community service manager assured us that action would be taken to ensure all complaints and concerns were recorded and monitored.

Discussions with the community service manager confirmed routine audits were carried out to monitor the standard of service provided to people. We saw that these entailed checks on medication practices, to ensure people received routine health checks and that the environment was safe.

One person told us they had completed a quality assurance questionnaire. This questionnaire gave people the opportunity to tell the provider about their experience of using the service. We saw that these questionnaires were provided in a format suitable for the individual. For example, large print and pictorial. The community service manager said information collated from these questionnaires were fed back to people during the monthly meetings.

People were able to have a say in how the home was run. One person told us about monthly meetings. They said, "Staff listen to my views." They gave us an example of where they had made suggestions about places they would like to visit. They told us staff had supported them to do this. They continued to say they would recommend the home and told us, "I have lived in a few homes and this one stands out. The staff make the time for you. I am really happy and settled here."

People, a relative and staff were aware of who was running the home. A relative described the management team as "wonderful." A staff member said, "The management support is good. The registered manager is lovely and very knowledgeable."

The registered manager said they were supported in their role by the community service manager. They confirmed they received regular one to one [supervision] sessions. This gave them the opportunity to discuss operational issues and where improvements may be needed to ensure people receive a safe and efficient service. The registered manager confirmed they had access to training to enhance their skills about how to manage the home and to ensure people's specific needs were met.

We talked with the registered manager about their aspirations, they told us they aspired to provide and outstanding service for people. Further discussions with them also confirmed their awareness of when to send us a statutory notification about incidents in the home which they are required to do by law.