

Prime Life Limited

# Welholme Road

## 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

About the service: Welholme Road is a care home that provides personal care and accommodation for up to 16 people who are living with a mental health disorder, physical disability and drug or substance misuse.

People received a service that provided them with safe care. Safeguarding policies and procedures were in place to protect people from harm and abuse. Robust medicine management was in place. Staff followed infection prevention and control practices. Staffing levels were monitored so that people gained the support they required.

Staff received appropriate induction, training and support and applied learning effectively in line with best practice. This led to good outcomes for people.

Where risks to people's wellbeing were known their care records and support plans provided relevant guidance for staff to help them maintain their wellbeing.

Where people were unable to consent to their care or treatment the provider followed appropriate legislation to make sure decisions about their care and support were made in the person's best interest.

People living at Welholme Road told us they were satisfied with the service provided. Staff understood the importance of providing person-centred care and developed positive supportive relationships with people. Staff encouraged people's independence and the development of positive life skills. This enabled people to live free from unnecessary restrictions.

Staff provided kind, caring and compassionate support for people living at the service. People were provided with information in a format that met their needs.

Staff undertook training to develop and enhance their skills. Staff worked closely with healthcare professionals and sought their advice, guidance and support to promote people's wellbeing. People's dietary needs were met. End of life care was provided with support from relevant health care professionals. Concerns and complaints raised were dealt with appropriately.

A range of checks and audits were undertaken to assess the quality of service. People were asked for their feedback about the service which was acted upon. Continuous improvement, learning and innovation was encouraged by the management team. Community links were developed and promoted. Data security was maintained.

Rating at last inspection: At the last inspection the service was rated Good (report published on 08/11/2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Welholme Road

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one 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. Their area of expertise included residential care, mental health and learning disabilities.

**Service and service type:** Welholme Road is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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.

**Notice of inspection:** The inspection was unannounced.

**What we did:** Before the inspection we checked information we held about the service. This included notifications the provider had sent us about events or incidents that occurred and which affected their service or the people who used it. We contacted the local authority's adult safeguarding, commissioning and quality monitoring team as well as Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share. We used this information to help plan our inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with five people living at the service and with one relative by phone to ask about their experiences of the service. We spoke with the registered manager, activities co-ordinator and three staff. We also spoke with one visiting health care professional.

We reviewed a range of documentation including three people's care records, medicine administration records (MARs), quality monitoring checks and audits, policies and procedures and three staff recruitment, training, supervision and appraisal records. We also looked at the compliments and complaints received.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment.

- Staff undertook safeguarding training and were knowledgeable about the different types of abuse that may occur. Staff told us they would report safeguarding concerns straight away.
- People told us they felt safe receiving support from the staff. One person told us, "I feel safe here, not vulnerable. If I want to go out someone always comes with me to look after me."
- There were enough skilled and experienced staff provided to support people with care, activities and appointments.
- The provider had robust recruitment checks in place which ensured staff were suitable to work in the care industry.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- People's care records contained information about triggers and behaviours that may cause people to display behaviours that may challenge the service or others and directed staff about how to support people.
- Staff encouraged people to take positive risks to develop or maintain their independence.
- The management team reviewed accidents and incidents that occurred. Where necessary advice was sought from health care professionals to prevent further re-occurrence. This information was shared with staff.
- Health and safety checks were completed and action taken to address issues found.

Using medicines safely.

- Medicines were stored, administered and disposed safely. People were encouraged to manage their own medicines, where possible.
- Staff were trained in the safe management of medicines. Medicine checks and audits were carried out, issues found were addressed.
- Staff were aware of the health campaign to stop the over-use of psychotropic medication to manage people's behaviour. This type of medicine was not over used at the service.
- People received the support they required with their prescribed medicines to maintain their wellbeing. One person told us, "I get my medication on time."

Preventing and controlling infection.

- Infection prevention and control practices were in place and staff were provided with personal protective equipment to prevent the spread of healthcare related infections.
- People living at the service were encouraged to undertake cleaning, laundry and cooking to promote their life skills and independence. Risk assessments for infection control and the use of chemicals were in place.

# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- There was a holistic approach to assessing, planning and delivering people's care and support. Pre-admission assessments identified the goals people wished to achieve.
- Staff were dedicated and passionate about supporting people. People's goals for moving to the service or to develop their life skills and move into the community were embraced and encouraged.
- Staff tailored the care and support provided to people's needs recognising their strengths, weaknesses and aspirations to help people live the life they chose.
- The registered manager and staff developed strong links with health care professionals to maintain or improve people's mental wellbeing.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people.
- The home's environment met people's needs. People used the kitchen, laundry and communal areas and quiet space was provided. Ideas to improve the home were implemented, an activities room, Juke Box and a fish tank had been provided. Signage helped people find their way around.

Staff support: induction training, skills and experience.

- Training and induction was provided for staff in a variety of subjects to develop, maintain or enhance their skills.
- Staff were used their knowledgeable to support people. One person told us, "The staff know what they are doing to look after me."
- Staff were matched with people to provide the most effective support.
- Some people we met were involved in greeting potential new staff and were also involved in the recruitment process.
- Equality and diversity training was provided for staff. The services ethos was to celebrate people's diversity and respecting their differences.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

- Staff encouraged, advised and supported people to maintain a healthy balanced diet. People planned, shopped and prepared their own meals. If people preferred takeaways discussions were held about how healthier options of this type of food could be prepared at the home.
- People told us they enjoyed the food provided. One person said, "I like the food. There's plenty of choice and it is well cooked."



- When people required support from healthcare professionals this was arranged, and staff followed their advice. One relative told us, "My relation has a social worker and psychiatrist."
- People's information was shared with other agencies when they needed to access other services.

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

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff worked in line with the principles of the MCA and DoLS. Where necessary DoLS applications were submitted to the local authority. This information was kept under review by the staff.
- Care and support was provided to people following best interest meetings that were held with people, their relatives and relevant health care professionals. This ensured people's rights were protected.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service promoted a person-centred culture. Staff built positive professional relationships with people and their relatives.
- Staff communicated with people with compassion and kindness and listened to what people said. Staff talked with people about things that mattered to them and understood their preferences.
- People spoke positively about the caring staff. They told us, "The staff are very kind and compassionate. They always make sure I am well looked after. They are brilliant, they are understanding" and, "The staff are kind and caring."
- Staff told us they loved working at the service supporting people living there. One member of staff said, "It is lovely working here. We get residents involved and see how they change and grow."
- People were supported to maintain their relationships with their family and friends. One person told us, "Mum rings me and the staff encourage that." Visitors were made welcome at any time.
- People's equality, diversity and human rights were respected by staff. Care and support was delivered in a non-discriminatory way. People were supported to follow their faith and live the life they chose.

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

- Staff enabled people to make decisions about their care and support; they provided help and encouragement as required.
- Information was provided to people in a format that met their needs.
- Staff took time to speak with people and re-phrased questions to help them understand before acting upon what was said.
- Staff encouraged people to express their views about their care and support and provided reassurance, comfort and support to people who became anxious or upset.
- Advocates were available to help people raise their views.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with privacy, dignity and respect. Staff provided compassionate support in an individualised way. Personal care was delivered behind closed doors. One person told us, "The staff treat me with respect."
- Staff ensured people dressed according to their wishes and preferences.
- People were encouraged to maintain their independence, achieve their goals, improve their well-being and maintain and develop their health.
- Care files contained information about each person's goals they aspired to achieve.
- Staff encouraged people to remain as independent as possible. Some people attended further education

or develop skills to enable them to access work experience or paid employment.

- Information was securely stored to maintain people's confidentiality.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had their needs assessed. This information covered all aspects of people's physical, emotional, psychological and social needs, likes, dislikes and preferences for their care and support.
- Staff focused on enabling people to lead as full a life as possible. The service was flexible and responsive to people's individual needs. People followed their interests, routines and hobbies.
- Staff understood the individual support people needed to receive. People's support plans were reviewed regularly as people's needs changed.
- People told us staff were responsive to their needs and contacted health professionals to maintain their wellbeing. A health care professional confirmed staff contacted them timely for help and advice. They said, "There is good communication, staff take on board and act on what I say."
- People chose how they wanted to spend their time. A programme of activities was provided which included outings or entertainers to enrich people's lives and prevent social isolation.
- People were involved in the local community, visiting local shops and pubs themselves, with other people from the service or escorted by staff, visitors or relatives.

End of life care and support.

- People were given the opportunity to discuss their end of life wishes and plan for them. This information was recorded.
- End of life care was provided with support from relevant health care professionals to ensure people would be kept comfortable and pain free.
- Staff were aware of good practice guidance and knew to respect people's religious beliefs and preferences.

Improving care quality in response to complaints or concerns.

- The provider's complaints policy was provided for people.
- People told us they would tell staff about any concerns they may have. Issues raised were taken seriously, investigated and responded to.
- One person told us, "If I had a complaint I would speak to staff and the manager. I know I would be listened to and it would get dealt with."

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness: and how the provider understands and acts on their duty of candour responsibility.

- Staff promoted individualised person-centred care and support. The culture of the service was positive; welcoming and inclusive. Staff were committed to achieving good outcomes for people.
- Staff worked closely with people investing time to ensure people had the right level of support to allay their fears.
- The registered manager monitored how staff supported people and dealt with their anxiety. Learning from this had been successful in substantially decreasing people's behaviours that could be considered challenging.
- People told us they were satisfied with the quality of the service they received.
- The registered manager understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager had an open-door policy in place, so people could speak with them at any time. They also supported people which ensured they fully understood people's needs.
- Staff were clear about their roles and responsibilities and the provider's vision and values. The registered manager told us, "We encourage and promote enablement and put people in control." A member of staff said, "I really like my job, the staff and residents work well together, like a family."
- Information was stored in accordance with the General Data Protection Regulation (GDPR).
- Observations were undertaken by staff to monitor the effectiveness of the service.
- Robust checks and audits were undertaken the results of these were shared with the higher management team. Where issues were found action was taken to prevent any further re-occurrence and improve the service.

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

- People were placed at the heart of the service and equality was promoted and celebrated by all parties.
- Residents meetings were held to gain people's views, those who did not wish to attend were asked for their opinions on a one to one basis.
- People and their relatives were invited to complete questionnaires to provide feedback about the service to the management team.

Working in partnership with others; Continuous learning and improving care.

- The management team worked in partnership across their organisation to implement good practice.
- Staff helped to prepare people mentally by undertaking visits to other agencies or services to help reduce their levels anxiety when they needed to attend appointments or have medical procedures.
- The registered manager looked at how the service could be improved for the benefit of people using the service.
- Staff were provided with specific learning about mental health conditions, physical disability or drug and substance misuse.