Care Quality Commission

Prime Life Limited

Whitecliffe

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

We carried out this inspection on 20 and 21 February 2015 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.

The service is registered to provide nursing or personal care for 22 elderly people who may have dementia or a mental health condition. On the day of the inspection 15 people resided within the home.

We last inspected this service in December 2013 when the service met all the standards we inspected.

This was an unannounced inspection.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All staff had undertaken safeguarding of vulnerable adults training or had updated their knowledge by taking refresher courses. There were policies and procedures for staff to follow safe practice. The service used the

Summary of findings

Blackburn with Darwen safeguarding adult procedures to follow a local initiative. The registered manager had acted appropriately in reporting and acting upon any safeguarding concerns.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). We found action had been taken where necessary to ensure people's capacity to make their own decisions had been assessed. Where any restrictions were in place we found these were legally authorised under the Mental Health Act 1983 or with people's consent.

Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

People (or where appropriate a family member) had signed their consent to agree to their care, treatment and for a photograph to be taken for identification and social purposes. If possible people who used the service or a family member were involved in care plan and multi-disciplinary meetings. These meetings were held for any professionals involved to provide specialised knowledge and care advice. This meant people who used the service were involved if they were able in their care and treatment.

The environment was well maintained and people were able to help choose the décor or furnishings to make the environment more homely to them. People could bring in their own furniture, photographs and knickknacks to personalise their rooms. One person told us staff had helped him buy and fit a television in their room.

Staff told us they received a recognised induction, completed enough training to feel confident in their roles and were supervised. Staff felt supported at this care home.

People's needs were regularly assessed and updated. Staff were updated at the beginning of each shift at their handover sessions.

The administration of medication was safe, staff competencies were checked and the system audited for any errors by the registered manager and the local pharmacy.

People who used the service, staff and other agencies were asked for their views about how the service was performing. We saw that the registered manager had taken action to provide a better service from the views such as updating the décor and changing the menu's to people's tastes.

The registered manager audited systems at the home, including infection control, medicines and the environment. Gas and electrical equipment was maintained to help keep people safe.

Activities such as baking, special event days, external entertainers and remembrance therapy by using local photographs and literature helped keep people stimulated. Other activities were provided on a daily weekly and monthly basis.

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 we spoke with said they felt safe. The service had previously notified the authorities of any possible safeguarding incidents. There were systems in place for staff to protect people. From looking at the training matrix and talking to staff all staff had undertaken safeguarding adults training and were aware of their responsibilities to report any possible abuse. Staff used the Blackburn with Darwen adult safeguarding procedures to follow a local protocol.

Arrangements had been made to ensure the gas and electrical equipment and supply was maintained and in good working order.

There were safe systems for the ordering, administration, storage and disposal of medicines.

From looking at training records, looking at two staff files and talking to all grades of staff we saw that there were enough well trained staff to meet people's needs.

Is the service effective?

Good

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were not restricted in the home unless this was legally authorised.

People were given a choice of food to help ensure they received a nutritious diet. All the people we spoke with said food was good.

People were able to access professionals and specialists to ensure their health needs were met. Care plans were amended regularly if there were any changes to a person's medical conditions.

Is the service caring?

Good

The service was caring. People who used the service thought staff were helpful and kind. Two visitors we spoke to thought staff looked after their relative in a caring manner.

We observed staff during the day. Care was given privately and people were treated with dignity. Staff talked to people in a professional and friendly manner. People who required help were given assistance quickly.

Is the service responsive?

Good

The service was responsive. People who used the service, or where appropriate a family member were involved in their care and care plans. Plans of care contained sufficient personal information for staff to meet people's health and social needs.

There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Summary of findings

During meetings and by sending out questionnaires the service obtained and acted upon the views of stakeholders, families and people who used the service.

Healthwatch Blackburn with Darwen and the local authority contracts and safeguarding team did not have any concerns about this service.

Whitecliffe

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.

The membership of the team consisted of 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. The expert was experienced with people who had a learning disability.

During the inspection we spoke with 2 people who used the service, 2 care staff, the cook, the registered nurse and the registered manager.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. As this inspection was undertaken at short notice we were not able to request 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 any improvements they plan to make.

We asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the home. The views were positive.

During the inspection we observed care and support in the communal areas of the home. We looked at the care records for three people who used the service and medication records for five people. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

The two people we spoke with said they felt safe and were happy living at the home.

Staff had completed safeguarding training and the three staff spoken to about safeguarding were aware of what and how to report safeguarding incidents. There was a company safeguarding policy and procedure and a copy of Blackburn with Darwen social services procedures to follow local protocols. There was a whistle blowing policy for staff to feel confident they would not be penalised for reporting concerns. The safeguarding policy told staff what constituted abuse and how to respond and report any concerns. There had been several safeguarding incidents since the last inspection. The provider had dealt with the safeguarding incidents, which mainly involved interactions between people who used the service. The local authority and provider had taken steps to minimise any further incidents to help keep people safe. Two staff members told us, "I make sure staff follow the caring rules like in the handbook. I would report to the manager any unsafe care. I could also report to head office the social services safeguarding team and CQC. I have had challenging behaviour training. I feel confident I can help people who have challenging behaviour" and ". I have had challenging behaviour and safeguarding adults training. I would report anything I thought was wrong to the manager or use the whistle blowing policy."

On the day of the inspection there was the registered manager, a registered nurse, three care staff, the cook, a domestic assistant and a maintenance man was available if required. We looked at the off duty rota and saw this was the normal staffing provision for the service. Dependent upon people's needs on any given day due to their mental health condition's some people required two care staff to support them. Staff told us, "The staffing levels are good now, much better than they were. There is now much more interaction between staff and people who use the service" and "The staffing levels are ok. I think we can meet the needs of people." The registered manager told us, "There is a good staffing level ratio and we do not have any trouble meeting the needs of people who use the service. At the moment people are quite stable. If their needs change I would look at the staffing levels." Staff thought there were enough staff to meet people who used the services health and social care needs.

There was a medicines policy which informed staff of the correct procedures for ordering, storing, administration and disposal of medicines. We looked at the policy and saw it matched the process staff followed. All staff who administered medicines had been trained. The registered manager and pharmacy who supplied the home audited the system to check staff competency. The medicines system contained the persons photograph on the front sheet for identification purposes, the details of the medication, the dosage and time to be given. Staff then had to sign to say they had given the medicines.

We looked at five medicines records and saw that staff had completed the forms correctly and signed them. Two staff signed for any medicines entering the home, including hand written prescriptions. This meant the number of medicines, dose and times of administration were checked to minimise errors. The temperature of the medicines room was checked and recorded to ensure medicines were stored safely. Some medicines needed to be kept cool. These medicines were stored in the fridge and the temperature was recorded to ensure staff followed the manufacturer's instructions. We observed the lunch time medicines round and saw that the staff member correctly administered medicines one person at a time and kept the trolley secure.

The trolley was stored in a locked office and secured to the wall when not in use. We checked the cupboards and found dressings and creams were also stored securely with a good stock control system to order only what was required.

Staff had access to reference material such as the British National Formulary and medicines advice sheets to be able to detect possible side effects. The reason and dose of 'as required' medicines was clearly recorded to ensure staff knew what they were for and when to give it.

There was a drug register and cupboard to store controlled drugs. Controlled drugs are medicines which are required by law to be stored and accounted for safely. We looked at the register and counted the medicines which were correct. Two staff signed the register. There was a staff signature list to help the registered manager audit who was responsible for any medicines errors.

We conducted a tour of the building on day one of the inspection and found the home to be warm, clean and did not contain any offensive odours. There was an infection

Good

Is the service safe?

control policy and the registered manager conducted regular audits to check for cleanliness and faults. The staff training matrix showed staff had completed infection control training. The registered manager conducted infection control audits and checked cleaning schedules. The laundry was separate from any food handling areas and contained sufficient equipment to provide a good service. The service also had a copy of the current health authority infection control guidelines for care homes for staff to follow good practice. There were hand washing facilities around the building for staff to use and prevent the spread of infection. Staff had access to protective clothing such as gloves and aprons and we saw staff using the equipment at lunchtime.

We saw that all the gas and electrical equipment had been serviced and checked. This included the fire alarm system, electrical installation, gas appliances, portable electric appliances, fire extinguishers and emergency lighting. There was a contract for the disposal of contaminated waste and the water outlets were treated to prevent Legionnaires disease. The fire system and procedures were checked regularly to make sure they were working and each person had a personal emergency evacuation plan (PEEP) in the event of a fire. Staff told us they had been trained to use any equipment provided at the home such as the hoists and slings.

The lift and hoists were serviced and maintained. The fire alarm points were checked regularly to ensure they were working correctly. Hot water outlet temperatures were checked to ensure they did not scald people. Windows had a suitable device fitted to prevent people who used the service from falling out accidentally and radiators did not pose a threat to people's welfare.

We looked at two staff files. Staff had been checked for their suitability to work with vulnerable people. The checks included a criminal records check (now called disclosure and barring), two written references, an application form where the manager could explore any gaps in employment and a person's proof of address and identity. This helped ensure any new staff recruited were suitable to work with the people accommodated at the home.

Good

Is the service effective?

Our findings

We toured the building on the day of the inspection, visited all communal areas and 8 bedrooms.

The décor was suitable for the people accommodated at the home. There was a sign upon all the doors of occupied bedrooms. The sign contained a photograph for people to recognise their room and details of their interests and hobbies. The rooms for bathing or toilets were also clearly identified with the use of signs. The lift was opaque for people to be able to see what it was and also to see if it was occupied.

The lounge and dining room had sufficient seating to accommodate people who used the service. There was a mixture of domestic style seating in the lounges and sufficient dining space for people accommodated at the home.

Bedrooms we visited had been personalised to people's tastes including ornaments and photographs. One person wanted to show me his new television and said he liked to watch television in his room. There was sufficient clean bedding and furniture for people who used the service to be able to stay in their rooms with comfort. People were able to go back to their rooms if they wished.

There were three places people could bathe or shower dependent upon their preference. There were different types of hoisting aids for people who required help to get in and out of the bath. A shower was available if people wished to use it.

There was a garden to the rear of the property and we noted furniture was available for people to use in good weather.

People who used the service said, "The food was very good. It is always good" and "the food is very good. I enjoyed my fish and chips. There is always a good choice." We sat with three people who used the service at lunchtime. They said they could ask for more if they wished. During lunchtime we observed good interaction between staff and people who used the service. We spoke with the cook who told us, "People can have what they want for breakfast and a choice of meal for lunch and tea. I regularly go out after the meal has been served to see if they like it and have eaten it. This helps to plan the menu by seeing what goes down well." There was a four weekly menu cycle. On the day of the inspection people who used the service had a choice of corned beef hash with vegetables or fish, chips and peas. There was a choice of tea and the cook said people could ask for a sandwich or light meal for supper or when they wished. We noted from reading the plans of care that one person had asked for and got a boiled egg and toast in the middle of the previous night.

We observed one person required assistance to eat and staff did this in an individual and discreet manner and sat and talked with the person they assisted.

The kitchen had been awarded the 4 star good rating by environmental health which meant food was stored and served safely. The cook undertook necessary checks and the cleaning of the kitchen. This included a record of the meal people had taken so an audit could track any possible problems with illness associated with food production.

There were two people who used the service from an ethnic minority background. The cook or senior staff went and bought food locally to ensure their cultural meals were met and food was fresh rather than pre-packaged. We saw records of other people who were on a special diet such as for diabetes. We inspected three plans of care and saw that where a nutritional risk was recorded specialists such as speech and language therapists or dieticians were asked for their help. Nutritional supplements were given if prescribed. People's weights were recorded to enable staff to monitor weight loss or gain.

There was a good supply of fresh fruit and vegetables. The cook said she put out fresh fruit each morning and said people liked grapes. They were also given pears, apples, tangerines and bananas.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. Key staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We inspected three plans of care during the inspection. Each person had a mental capacity assessment using the current guidance and forms. One person had an advocate to act upon their behalf. An advocate is an independent person who protects the rights of the person

they are acting for. We saw that social services had used the guidance to instigate a best interests meeting for a person in the home. The decision to keep this person in the home was reviewed. The registered manager said three further applications had just been made and they were waiting for a response from the relevant authorities.

We inspected three plans of care during the inspection. Prior to admission staff would visit people to assess their care and treatment requirements. During the process staff would gain as much information as they could from the person, family member or involved professionals. Social services usually provided an assessment of their own. People were invited to come to the home, meet other service users and take a meal if they wished. From the information staff gained a plan of care was developed if staff at the care home thought they could meet people's needs.

The plans of care were individual to each person and were divided into separate sections for needs such as moving and handling, nutrition and personal care. There were details around a person's end of life wishes. There were 13 sections of the plan and various other documents such as a record of the professionals who attended each person or risk assessments. People had signed their agreement to their care and treatment and for photographs to be taken. Plans of care were updated regularly to keep staff up to date with people's health and social care needs. The daily records we looked at told us what care, treatment and social activities people may have had.

Plans of care contained risk assessments for nutrition, tissue viability (the possibility of developing a pressure sore), moving and handling and the possibility of falls. The risk assessments informed us of a person's special needs, for example, pressure relieving devices. The risk assessments we observed were reviewed regularly and were to keep people safe and not place unnecessary restrictions upon them.

We saw that people had access to specialists and professionals. They included mental health specialists, opticians, chiropodists, dentists and nurses. Each person had their own GP. We saw that regular multi-disciplinary meetings were held for people with mental health problems. These meetings called together all the professionals involved in a person's care to discuss and agree on the best treatment they could provide.

New staff had to undertake an induction prior to being able to work with people who used the service. Part of the induction was to learn key policies and procedures and to be shown around the home to view the facilities and environment such as fire escapes. The three new staff were enrolled on an induction course using the Skills for Health and Social Care program. Staff also told us new starters were shadowed until it was felt they were competent to work with vulnerable people. One relatively new member of staff told us, "I completed my induction during the first couple of months. I found it useful. I was also supported by another carer for two days after I started working here. I felt confident to work on my own but there were other staff around to help me."

We looked at the training matrix and two staff files during the inspection. The majority of staff (with the exception of new staff) had completed training for safeguarding of vulnerable adults, mental capacity, deprivation of liberties, infection control, health and safety, moving and handling, fire awareness, person centred support, first aid, managing violence and aggression, understanding dementia, fire safety, food safety, diabetes and end of life care. This ensured staff received sufficient training or refresher courses. Staff files contained certificates of attendance. Some staff had also completed a course in health and social care such as an NVQ or diploma.

Staff files contained records of supervision and appraisal. Supervision was held regularly. Supervision included care practice, training needs and relevant information. Staff told us it was a two way process and they could bring up any topics they wanted to.

Good

Is the service caring?

Our findings

The two people who were able to talk to us said they were happy in the home. We inspected three plans of care which went into detail about a person's preferences, likes, dislikes, hobbies and interests. This meant staff could care for people in an individual manner. The records included people's religious preferences and what specifically they required at the end of their life, which was especially important for the two people from an ethnic minority background. The two people we spoke with did not wish to attend religious services.

We observed staff interacting with people who used the service during the day. Care was given in a professional and private manner to protect people's dignity. Staff told us they knew people who used the service well and used pictures as well as verbal communication to help people understand what they wanted to do. There was a good interaction between staff and people who used the service. One person was quite loud and verbally aggressive. We saw staff were skilful in dealing with this person which did not escalate into an incident.

We saw staff sitting with people and talking. Staff told us, "The staffing levels are good now; much better than they were. There is much more interaction between staff and people who use the service. We get the chance to speak to people and even when we are helping people eat we can talk about things. I know the people here very well and I try to find out a bit more about them. I would be happy for a member of my family to live here if they had dementia. It is very homely" and "We have enough time to sit down and have a chat. I know the people I care for very well. You get attached to them. I would definitely be happy to have a member of my family come here." Staff thought they had time to socialise and had time to care for people who used the service.

Staff were taught about confidentiality, privacy and dignity. Staff were also taught about equality and diversity which should enable them to meet people's needs from different cultures and backgrounds.

Good

Is the service responsive?

Our findings

The registered manager said visiting was unrestricted and people were able to go to their rooms to see their relatives and friends in private if they wished. We saw one person visiting and staff welcomed this person into the home and offered refreshment. This person did not wish to speak to us.

The activities on offer were provided to help stimulate interaction between the people who used the service. There was a 'monthly meals from around the world day'. This gave people the option to try different foods. There was what the registered manager called 'fruity Friday'. Each Friday fruit was presented in a different manner such as dipping strawberries in chocolate or 'smoothies'. The home also recognised special events such as birthday parties, celebrating different days such as St George's day, Burns night, Halloween and Christmas. The registered manager said the 'Great Whitecliffe bake off' had gone down very well and was surprised at how competitive people were. Other activities included a 'midweek revival' evening, remembrance therapy showing pictures, papers and past events about Blackburn, playing simple musical instruments, sing a long sessions, relaxing music afternoons with pamper sessions and film nights.

Outside entertainers came into the home and their act was accompanied with non-alcoholic cocktails and canapés. People had been out to visit Blackpool, coffee mornings at a local church hall, dining out, visits to Blackburn and they held takeaway nights with a person who used the service assisting to go for the meal.

There was a maintenance book for staff to record any faults or broken equipment and a person employed to replace or fix the equipment.

There was a complaints procedure which was located in the hallway for people to remind them of how to raise a concern. The procedure told people how to complain, who to complain to, the time they could expect a reply and how to take it further if they wished. The Care Quality Commission had not received any complaints since the last inspection. People who used the service did not have any concerns on the day of the inspection. Staff told us how they would respond to any concerns by either dealing with simple matters themselves or referring people to the registered manager. The registered manager said they had not received any formal complaints and was available during her shifts for people to talk to if they wished.

The registered manager held regular meetings with people who used the service and although some people could not communicate their wishes she still talked about topics such as food, care and the environment. We saw families were invited to attend all the functions and activities. They were also asked for their views about the home to act for people who used the service. The results we saw were very positive. The questions were based around staff attitude, knowledge and courtesy, décor, cleanliness of the home, activities and quality of the service. The responses were very good and comments included, "The building is hampered by being old but to be fair it is in a reasonable state of repair and always clean", "Staff are very good and professional even though there has been a turnover of staff", "Food must be good because she looks much healthier than when she came in", "Having not been to the home for several months it was a great surprise to find 100% improvement in my relative. Thanks to all. I am happy to know my [relative] is happy and well cared for" and "Staff are always helpful and welcoming and I am very pleased my relative is in Whitecliffe. My mind is at ease and I know my mother is in excellent care. Thanks to all the staff." People who used the service were asked for their views about how the home was performing. The registered manager said, "We focus on improvement by looking at people's and family's feedback, staff training, supervision, meetings, incidents, accidents, concerns and talking to families. We collaborate all the data and publish it to be open and transparent. We tell people we have taken what people say seriously and tell them we will work on their views to improve the service.

We saw that people had a 'hospital passport' to provide external agencies with the basis details they would need to care for people who used the service in an emergency. People had a personal emergency evacuation plan (PEEP) to help get people who used the service to safety in an emergency.

Good

Is the service well-led?

Our findings

There was a registered manager at the home. On the day of the inspection the two people we spoke with said they were happy and could talk to the staff or manager.

There was a recognised management system which staff understood and meant there was always someone senior to take charge. When the registered manager was not on duty a registered nurse was in charge. The staff we spoke with were aware that there was always someone they could rely upon. Staff told us, "I can raise any concerns with the manager. She is friendly and supportive. There is a good staff team", "I like working here now. The reason why I left here for a while was because people were not being looked after. I did not like some of the things I saw. Although I reported it to the previous manager nothing was done about it. Now I think things are much better and how they should be" and "The manager is really nice and gets involved. Just small things but she has made it a home. I can talk to her and she is supportive. We support each other and there is a good team." Staff felt able to talk to the manager and were a part of the team.

The registered manager was aware of and had sent prompt notifications to the Care Quality Commission and other organisations if required.

There were policies and procedures for staff to follow good practice which were reviewed regularly. We looked at several policies and procedures which included medicines administration, safeguarding, infection control, health and safety, whistle blowing, mental capacity, fire, confidentiality, concerns, comments and complaints and some clinical care policies such as cleaning catheters and peg feeding.

There were regular staff meetings. Topics included ways to improve the service and to inform staff of any changes. Staff told us they found the meetings useful for updating their knowledge and they were able to bring up topics of their choice. A staff member said, "We have team meetings. They are good."

Accidents, incidents and any complaints were recorded and sent to the organisations head office. Both the registered manager and head office audited the information to provide a better service. Better signage of the building had been used to try to minimise accidents.

Senior staff held a handover meeting with care staff at the beginning of every shift to pass on relevant details about people's care and treatment. This was given verbally and a written record maintained for an audit trail.

The service sent out quality assurance questionnaires, comment cards and met with people who used the service and their relatives to gain their views. The results we looked at were positive and the décor had been improved from the results to make it a more homely atmosphere.

The registered manager conducted audits to ensure the systems, care and treatment remained at a good level. We looked at audits for plans of care, medicines, infection control by a nominated individual, pain relief, weight and nutrition, health and safety and cleanliness.

The registered manager said the key achievements for the service were, "We have improved the signage of the building to help people get around easier and help them know a little about each other. I think the key achievements of the service are the more homely environment, people who live here feel safe and people are going out." The registered manager thought blocks to improvement were low funding.