Prime Life Limited

Clarence House & The Granary

Inspection report

53 West Street
Horncastle
Lincolnshire
LN9 5JE

Tel: 01507524466
Website: www.prime-life.co.uk

Date of inspection visit:
11 April 2017

Date of publication:
25 May 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 April 2017 and was unannounced. Clarence House provides care for people living with a learning disability. It provides accommodation for up to 21 people who require personal and nursing care. At the time of our inspection there were 18 people living at the home.

There was a registered manager in post. 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.

On the day of our inspection staff interacted well with people. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

Medicines were administered and managed safely. Although PRN protocols were usually in place we found two occasions where they were not and it was not clear what dose of medicine had been given.

The provider did not act consistently in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received supervision. People were encouraged to enjoy a range of social and leisure activities. They were supported to maintain relationships that were important to them.

Staff and people who lived at the home felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified. Accidents and incidents were recorded and investigated. The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

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.

Medicines were administered safely.

Risk assessments were completed.

There were sufficient staff to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider did not act consistently in accordance with the Mental Capacity Act 2005 however best interests decisions had not been consistently completed.

Training was provided to ensure staff had the appropriate skills to meet people's needs.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected. Care was provided in an appropriate manner.

Staff responded to people in a kind and sensitive manner.

People were able to make choices about how care was delivered.

Is the service responsive?

Good

The service was responsive.

People had been consulted about their care.

People had access to activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care records were personalised.

People were involved in planning their care.

Is the service well-led?

Good

The service was well led.

There were systems and processes in place to check the quality of care and improve the service.

The provider had put in place arrangements to improve the quality of the care.

The registered manager created an open culture and supported staff.

Clarence House & The Granary

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 11 April 2017 and was unannounced. The inspection was completed by an 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.

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

During our inspection we observed care in the home and spoke with the registered manager and two members of care staff. We spoke with six people who used the service and two relatives by telephone. We also looked at four people's care plans and records of staff training, audits and medicines.

Good

Is the service safe?

Our findings

People who lived in the home told us they felt safe and had confidence in the staff. A relative said, "Definitely we don't have any worries."

Medicines were administered and managed safely. We looked at medicine administration records (MARs) and saw they were fully completed according to the provider's policy. Staff had received training and been observed by senior staff to ensure they administered medicines correctly and safely. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

Protocols for medicines which are given 'as required' (PRN) such as painkillers were usually in place to indicate when to administer these medicines. However we looked at the medicine administration sheets for all the people living at the home and found two occasions when PRN protocols were not in place. In addition these were variable doses and the amount given was not recorded on the MARs when the medicine was administered. There was a risk people could receive the more of these medicines than the prescribed dose. We spoke with the registered manager about this and they said they would address the issue and ensure this was recorded. Since our inspection we have received evidence which shows these issues were addressed following our inspection.

Individual risk assessments were completed on areas such as accessing the community and mobility. Where people had specific health needs, such as epilepsy, risk assessments had been completed to ensure staff were aware of how to keep people safe from harm. Care plans were in place to ensure that care was delivered in a safe way. Individual risk assessments and plans were in place to support people in the event of an emergency such as fire or flood. Accidents and incidents were recorded and investigated to help prevent them happening again.

When we spoke with staff they told us that there were usually sufficient staff on duty. We observed staff responded to people promptly and were available to provide support to people if they required it. We observed that some people received support on a one to one basis in order to meet their needs and maintain their safety. However a relative whom we spoke with expressed concern about the night time arrangements. We spoke with the registered manager and staff about this. Arrangements were in place in the event of an emergency or urgent situation to access additional support.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns externally, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had

safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Requires Improvement

Is the service effective?

Our findings

The provider did not act consistently in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. We saw that best interests decisions had been carried out and were specific about what decisions were being taken in people's best interests. However we observed two occasions where people who did not have capacity to consent used special equipment to maintain their safety and best interests decisions had not been completed. Another person was unable to manage their finances and were supported by their family to do this. However a best interests assessment was not in place to specify this. We spoke with the registered manager about this as there was a risk people were receiving care that was not in their best interests. Following our inspection we received confirmation that best interests decisions had been put in place for the people who used specialist equipment.

If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there were ten people who were subject to DoLS. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home. Staff had recently received training about the MCA. We observed that people were asked for their consent before care was provided. Records included completed consent to treatment forms to ensure that care was provided with people's consent.

People told us they felt staff had the skills to meet their needs. A person told us, "Yes, I've got everything I need, I've got a video, DVD, CDs I've got quite a few things. When we're poorly we stay in bed and staff come up. Everybody goes to the doctor if they're not well." A relative said, "My relative has exercises to help their hands, I think they are supported to do that daily, I saw a copy of that."

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful. The provider was aware of the National Care Certificate which sets out common induction standards for social care staff and was in the process of ensuring all newly recruited staff worked towards this qualification as part of their induction programme.

It was clear which staff required training to ensure that they had the appropriate skills to provide care to people. Staff were happy with the support they received from other staff and the registered manager of the service. They told us that they had received support and supervision and that supervision provided an opportunity to review their skills and experience.

A person told us, "I like the food here, the cooks do the dinner, and pie's my favourite." We observed lunchtime and saw the lunchtime meal was relaxed with staff serving the meals and engaging in

conversation with people. We saw there was alot of social interaction and friendly banter between staff and people in the dining room. Staff told us if people did not want the offered meals or the meal they had chosen they were able to provide alternatives. The weekly menu was planned with people to ensure the preferences and choices were adhered to. People had been assessed with regard to their nutritional needs and where additional support was required appropriate care had been put in place. For example, where people had allergies or particular dislikes these were highlighted in their care plans.

We found that people who lived at the home had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes and epilepsy information was available to staff to ensure that they provided the appropriate care. Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was required. This helped staff to respond to people's physical health needs.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care they received. All the people we spoke with said that they felt cared for and liked living at the home. People told us they felt safe. One person said, "I'm happy here, of course, I'm really happy. I do feel happy, I love it here, I have all the friends here." Another person said, "If I have a problem I can see the staff. They help me with my laundry and check I'm doing good jobs in my bedroom." A member of staff said, "It's a happy home."

We observed positive social interactions with people and staff taking time to engage in conversations and sharing fun and obvious pleasure. Even when the interactions had to be centred on a task, for example when serving meals, staff took the opportunity to engage with people. We saw that before staff assisted people they asked if that assistance was wanted and asked permission before carrying out tasks for people.

We observed that staff were aware of respecting people's needs and wishes. For example, one staff member gave an example of a person who sometimes declined support. They explained that they offered their support for the care at different times of the day if the person declined. They explained that the person was unable to communicate verbally but it was clear initially that they did not want the support. However they said that later in the day the person came to them in their dressing gown which indicated they wanted support to take a shower.

When we spoke with staff we found they were aware of people's care needs and how to respond appropriately. A relative explained that when they visited their family member became upset when they left and staff understood this and knew how to comfort them.

We saw care records included information about people's choices, for example a record explained, "I like to have my medication in my hand and I will take it with a glass of water." Another confirmed how a person preferred to shower and what support they required.

One person said, "If I'm in they knock. They need my permission," (to enter). People who lived at the home told us that staff treated them well and respected their privacy. For example one person was speaking with the inspector and staff required them to assist with preparing lunch. However the person explained they had swapped their turn and we observed the member of staff acknowledge this and apologise for their mistake. Another person had required specific continence aids in order to maintain their dignity and we observed the registered manager had worked with other professionals to ensure the person's needs were met and their dignity maintained. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. There were areas available around the home for people to sit quietly and in privacy if they wished to other than their bedrooms. We observed two people had self-contained areas where they lived in order to support them to live more independently. These arrangements also respected the people's need for privacy.

We noted that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures

included the service having links to local lay advocacy groups. Lay advocates are independent of the service and who can support people to express their opinions and wishes.

Good

Is the service responsive?

Our findings

Activities were provided on a daily basis. People participated in a range of activities and leisure pursuits according to their choices both on a group and individual basis. For example on the day of our inspection some people were taking part in a yoga class. One person who received additional support to enable them to go out and about had visited the local shops and bought a craft activity to complete. Another person told us, "Mondays I go to the Lincolnshire Trust. Tuesdays I have a free day apart from going to yoga. Wednesday and Friday I'm in the kitchen , Iwash up. Thursdays it's my room day."

Staff told us they felt there was a good level of activities for people. We saw photographs of people taking part in various past activities, these included holidays and visits out. People also took part in local community events such as coffee mornings and luncheon clubs. On the day of our inspection people told us they were looking forward to taking part in a pantomime at the local theatre the following weekend.

People were encouraged to maintain contact with their parents for example, a care record stated that staff should assist a person to buy cards and gifts throughout the year for members of their family. Another person received support to write to their relative on a regular basis. Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained.

Care records were personalised and included detail so that staff could understand what things were important to people and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. Care plans had been reviewed and updated with people who lived at the home to ensure they reflected people's current needs.

People knew about their care plan and that daily records were written about them. One person said, "It's in the office somewhere. I've seen one or two, I've signed it, if you know what I mean." Another person said, "Yeah it's in the office, I can't read it.' They said their care record had been read to them and that they helped to develop the care plan. Each person had a personal plan written in words and pictures which stated how they required their care to be provided. This meant they were more accessible to the people who lived at the home. Relatives we spoke with were also aware of their family members care plans and that these were reviewed at yearly meetings.

Where people had difficulties communicating verbally we saw staff were aware of this and ensured they understood people's needs. Care records included guidance about how to support staff with communication, for example a record stated, "I require short instructions to enable me to understand what is being said."

A complaints policy and procedure was in place. People we spoke with were aware of the complaints procedure and had a copy in their bedrooms. At the time of our inspection there were no ongoing complaints. Complaints were monitored for themes and learning.

Good

Is the service well-led?

Our findings

The provider had put a process in place to carry out checks on the service and actions to improve quality of care. For example audits of care records and skin care were in place and we saw that actions had been taken to address any gaps in the records. Checks had also been carried out on issues such as infection control, the environment and medicines to ensure that care was provided at an appropriate level and improvements made to the service. Where appropriate national guidance had been used to inform the provision of care. For example a person was at risk of stroke and the available guidance was based on the national FAST campaign.

Staff understood their role within the organisation and were given time to carry out their role. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. Staff and relatives also told us that the registered manager was approachable and supportive. Staff said that they felt able to raise issues and felt valued by the registered manager. A member of staff said it was a nice place to work. We saw in the staff survey positive comments had also been made. For example one staff member stated, "I'm a valued member of a team and also feel my efforts are appreciated."

Staff meetings were held on a regular basis. We looked at records of staff meetings and saw issues such as infection control and kitchen management had been discussed. Staff told us they found the meetings useful. One staff member said they always tried to attend even if it was on their day off because they were useful.
Resident meetings had also been held. People we spoke with were aware of the meetings. We saw from the minutes of a meeting held in April 2017 issues such as activities and choice of drinks had been discussed.

Surveys had been carried out with people, staff and their relatives and positive responses received. We saw where issues had been raised action had been taken. For example people had commented on the décor and we saw the registered manager had compiled a list of areas where redecoration was required to discuss with the provider. We observed that following our last inspection some refurbishment had already taken place.

The service had a whistleblowing policy and contact numbers to report issues of concern. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager.

A registered manager was in post. 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.

The provider had informed us of notifications. Notifications are events such as accidents which have happened in the service that the provider is required to tell us about.