

Prime Life Limited

Fir Close

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

Fir Close is located in the market town of Louth and comprises of two separate buildings. River View provides care for up to 21 older people with age related conditions, including dementia, that prevent them from living independently. Field View provides care for 13 older people, 10 of these beds provide an Intermediate Care Service, in partnership with Lincolnshire NHS. Intermediate care is a short term period of intensive support to help people regain their independence after illness or injury. The home is in a quiet residential area and is close to local amenities and bus routes. At the time of our inspection there were 26 people using the service.

People's experience of using this service

People who used the service were safeguarded from the risks of abuse and staff knew what action to take if they suspected abuse. Risks associated with people's care were identified and staff were aware of risks and knew how to manage them to keep people safe. Staff were available to support people in a timely and person-centred manner. Safe arrangements were in place to ensure people received their medicines as prescribed.

Staff received training and support to ensure they had the skills and knowledge to carry out their role effectively. Staff received support both individually and within team meetings. People had access to healthcare professionals as required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed staff interacting with people who used the service and found they were patient, kind, caring and supported people in line with their preferences.

People received personalised care which met their needs and took in to consideration their preferences. People were supported to maintain links with the community and took part in social activities of their choice. Activities during quieter times could be improved.

Audits took place to ensure the service was providing support in line with the providers policies and procedures.

Rating at last inspection

Good (Report published 20 May 2016)

Why we inspected

This was a planned comprehensive inspection based on the rating at the last inspection.

For more details, please see the full report which is on the CQC website at 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.

Fir Close

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Fir Close is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the 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. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We met people who used the service and spoke in more detail with four people and two relatives. We spent time observing staff interacting with people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk

with us.

We spoke with four staff including support workers, senior support workers and the registered manager. We also spoke with one visiting health care professional. We looked at documentation relating to four people who used the service, four staff files and information relating to the management of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Preventing and controlling infection

- The service was mostly clean and well maintained. Staff received training in infection control and were knowledgeable about the subject.
- We observed two toilets appeared dirty below the water level. One bathroom had little ventilation.
- One shower head holder was broken so people required one hand to hold the shower head. We spoke with the provider about these concerns and they immediately requested the maintenance team to remedy the situation.

Safeguarding systems and processes

- People who used the service were protected against the risk of abuse.
- We looked at people's support records and found they contained a safeguarding care plan which indicated how to ensure the people were kept safe.
- Staff received training in safeguarding and the service promoted a culture of openness.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified and risk assessments were in place which showed how risks were minimised.
- People had risk assessments in place for things such as mobility, choking, and eating and drinking. For example, one person had a risk assessment in place regarding eating and drinking and stated what stage diet they required and what specialist equipment was needed to support the person safely.
- People's care records had a personal emergency evacuation plan (PEEP) to ensure people were appropriately supported in an emergency. Staff and people were regularly involved in fire drills. The PEEP set out specific physical and communication requirements to ensure that they could be safely evacuated from the service in the event of an emergency.

Staffing levels

- People were supported by sufficient numbers of staff.
- The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at four staff recruitment files and found they contained relevant checks.

Using medicines safely

- The service had safe arrangements in place for managing people's medicines.
- People who used the service had a medication administration record (MAR) in place. This was used to

record medicines received and returned as well as medicines administered to people. These records showed that people received their medicines as prescribed.

Learning lessons when things go wrong

- We saw that accidents and incidents were recorded and monitored by the registered manager to ensure trends and patterns were identified. Any serious incidents triggered a structured review where senior managers within the company, reviewed the incident to identify if anything could have been done differently.

Is the service effective?

Our findings

Effective – this means 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

- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records.
- Staff were passionate about ensuring people were at the centre of their care and support. People's needs and preferences were respected.

Staff skills, knowledge and experience

- People were supported by staff who were skilled and knowledgeable to carry out their role effectively.
- Staff received training which covered subjects such as moving and handling, mental capacity, safeguarding, equality and diversity and medicine management.
- Staff we spoke with told us that training was effective and useful. Staff also told us they were supported by the management team and received one to one sessions to discuss any work-related issues.

Supporting people to eat and drink enough with choice in a balanced diet

- People received food and drink in sufficient quantities and their personal preferences and special diets were catered for.
- Care plans included information about how to support people when eating and drinking.
- People were supported to make drinks and snacks in-between meals.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet people's needs. People had been supported to personalise their bedrooms and staff ensured people had access to personal possessions that were important to them.
- The service had accessible outside space which was maintained with seating available.

Supporting people to live healthier lives, access healthcare services and support

- People who used the service had access to healthcare professionals as required.
- We looked at people's care records and found they reflected the advice which had been obtained from healthcare professionals. Staff were knowledgeable about how to ensure people's needs were met in line with advice given by healthcare professionals.

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

particular 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).

- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Is the service caring?

Our findings

Caring – this means 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

- We observed staff interacting with people who used the service and we found they were supported people in a caring and kind way which promoted their independence.
- People who used the service were assigned a member of staff who was their 'key worker'. Their role was to ensure the person's support was person-centred to meet their individual needs. They communicated with families where needed and supported people to fulfil their interests.
- People who used the service told us the staff were, "really friendly," and "kind and caring."

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

- Staff were passionate about ensuring people were involved in decisions about their care and supported them to express their opinions. People's choices were respected.
- At the time of the inspection no one was using an advocacy service. The registered manager had information on advocacy services they gave to people if required.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us they respected people's privacy and dignity by closing doors and curtains when delivering personal care.
- We saw that staff respected people's bedrooms as someone's home and knocked on the door before entering the room.
- Staff respected people and ensured that their independence was promoted and that they lived the life they chose.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

- People had been involved in planning their care and support and their choices and preferences had been included in their plan of care.
- People's records gave a clear indication of how people wanted their needs to be met.
- People were supported to access the community and were involved in social activities both in and out of the service.
- People had leisure and family support care plans in place which ensured they took part in their chosen activities. One person enjoyed spending time with their family, themed nights at the service and going out for dinner with staff. The care plan explained how staff should support the person to achieve these goals.
- In-between entertainers and visitors to the service, we observed some people were left for long periods of time with little stimulation. We mentioned this to the provider who agreed to look at alternative options throughout the day.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the service. Meetings were held with people who used the service. The purpose of these meetings was to discuss any aspect of the service but also gave people an opportunity to discuss any concerns they might have. The complaints procedure was available in an easy to read format.
- We saw a system was in place to deal with complaints appropriately if needed.
- People and relatives told us they felt at ease informing the registered manager if there were any issues.

End of life care and support

- At the time of our inspection no-one was receiving end of life care.
- Staff and the registered manager had a good understanding of end of life care. Staff were able to give us examples of how their practice would change for someone on end of life care.
- Systems and processes were in place to support people who were on end of life care. We saw thank you letters from relatives expressing their thanks towards staff for supporting their relatives who had passed away.

Is the service well-led?

Our findings

Well-Led – this means 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 duty of candour responsibility

- At the time of our inspection there was a registered manager in place. 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.
- There was a culture of openness where staff felt able to talk with the management team if they needed guidance and support.
- Appropriate action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service.

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

- There was clear guidance about roles and responsibilities and staff knew where their boundaries started and finished. Staff told us they would ask for support if needed and they knew when they needed to talk with their manager.

Engaging and involving people using the service, the public and staff

- People who used the service had several opportunities to be involved and engage with others. Staff supported them to achieve goals and live a full life.
- People's relatives were welcome at the service and invited to special occasions.
- Once a month the registered manager held a surgery for people and relatives to attend so they could discuss any issues they had with the service.

Continuous learning and improving care

- The service had an auditing system where things such as medication, infection control, care plans, health and safety and staff files were monitored and action plans were devised to ensure any concerns were followed through.
- The registered manager completed informal and formal quality checks daily. This included a walk around of the service, serving food at lunch time and audit paperwork to complete.
- Oversight visits were completed by the provider and included looking at complaints, accidents and incidents, environmental issues, medication and records. Any issues raised as part of the provider visit was discussed with the management team and an action plan put in place to address them.