

Prime Life Limited

St Oggs

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

St Oggs is a care home for up to 21 people living with a mental health condition and/or a learning disability. At the time of inspection 17 people were using the service.

The service included one large adapted building and a bungalow which could accommodate two people within the same grounds.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

This was a large home, with several communal areas for people. The size of the service allowed people to move freely and have the space they needed. The only indication the service was a care home were the industrial bins to the side of the building. Although staff wore clothing and identification badges to indicate they worked at the service, these were covered or removed when supporting people in the community.

### People's experience of using this service and what we found

Staff managed the risks to people, however records to support the management of risk needed to be improved. There were sufficient staff on duty at all times. The environment was clean, however aspects of it needed to be decluttered. Improvements had been made to the management of medicines. Records to support the use of when required medicines and medicines for behaviour needed to be more detailed.

Staff had not received regular supervision and they had not completed all of the training required. We have made a recommendation about this. People were supported with their health and well-being needs, however records to support with these were not up to date. The provider had an improvement plan in place to address the updates needed to the environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service did not support this practice because they led staff to carry out mental capacity assessments despite people having capacity.

Some quality assurance measures had led to support being put in place to make improvements, such as with medicines and training. However, quality assurance measures to support the quality of record keeping needed to be improved. Staff at all levels were visible and were open and transparent. Staff worked well with professionals to ensure the needs of people were met.

People received individualised care and support from staff. However, detailed records were not in place to support staff. They did not review people's independence or strengths. Records relating to end of life care had not been completed. People were supported with their social interests. People knew how to raise a concern if they needed to.

Staff treated people with kindness and compassion. People said they received good care and staff knew them well. Staff were responsive when people were distressed. People were involved in their care and staff supported them to understand information given to them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. As a result, people were able to live fulfilled lives and achieve good outcomes in all aspects of their lives.

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

#### Rating at last inspection

The last rating for this service was good (published 22 November 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to good governance at this inspection. This included the quality of record keeping and quality assurance measures.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Oggs

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

St Oggs is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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.

We reviewed information we had received about the service since the last inspection. We sought feedback from Lincolnshire local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service about their experience of care provided. We also spoke with a regional director, registered manager, four support staff and a cook.

We reviewed a range of records. This included five people's care records. We also looked at two staff files in relation to recruitment, induction and supervision. We reviewed the training matrix for all staff as well as records relating to the management of the service.

After the inspection

We contacted the nominated individual to seek additional information and sought clarification to validate evidence found during inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Staff were proactive in managing the risks to people's health and well-being. As a result, people had received additional one-to-one hours and support from health professionals. Risk assessment records had not been regularly reviewed and required further detail to show how the current risks to people were managed.
- Certificates were in place to show the safety of the building had been maintained. Potential risks from the environment had not been recognised. This included clutter around the environment and debris in the courtyard. Large furniture needed to be secured to the wall to minimise the risk of potential harm.
- Staff supported people with behaviours which challenge. They had good knowledge of people to appropriately manage incidents. However, records did not always match up with the use of medicines for behaviours. These types of incidents were not routinely recorded and the care records for behaviours did not have the detail required to support staff.
- Care plans and risk assessments were needed for people who displayed hoarding behaviours. There was no evidence to show how people were being supported in this area. The fire risk assessment did not refer to these risks. No policy was in place to support staff.

The quality of record keeping, and lack of oversight did not fully support staff to manage the risks to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Protocols for 'as and when required' medicines did not provide the information needed. Such as information to support staff to give these medicines and guidance on variable doses. Some of these medicines did not have protocols in place to support their use.
- There was limited information in place to support medicines for behaviours. This included information about the support to offer before administering medicines to people as a last option.
- People received their medicines when needed. Some people looked after their own inhalers and creams. Risk assessments were in place for these. However, staff had not taken action to determine if these people could look after their own medicines as well.
- Staff were not aware of best practice guidance in medicines. This was addressed by the nominated individual following inspection. Staff had received training in medicines. Their competency to give medicines to people had also been assessed.

The above concerns demonstrate improvements are needed to fully support people with the safe

management of medicines. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- The service was generally clean. Bins required disposable bags and toiletries needed to be stored separately to manage the risks of infection control.
- Aspects of the environment had become worn. This increased the risks to infection prevention and control. An improvement plan was in place to address this.
- Staff had access to equipment to manage the risks associated with infections. Most staff had received training in infection control.

#### Learning lessons when things go wrong

- Staff could demonstrate where lessons had been learned following incidents. However, these were not recorded.
- Incidents involving behaviours were not recorded. This did not allow for detailed analysis to take place to determine whether people required additional support or if changes to practice were needed.

#### Systems and processes to safeguard people from the risk of abuse

- Staff understood the potential safeguarding risks to people. Safeguarding alerts had been raised when needed. Appropriate action had been taken to address concerns.
- Staff knew how to keep people safe. They were proactive in managing the safety of people. People told us they felt safe.

#### Staffing and recruitment

- Good procedures were in place to recruit staff safely. One staff member said, "We have a low turnover of staff. Staff tend to stay."
- There were enough staff on duty to care for people. Additional staff were put in place to support people with planned one-to-one hours. One staff member said, "Staffing levels can change if people are unwell, staff are very supportive of each other."



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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 when this is in their best interests and legally authorised under the MCA. 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.

- Staff knowledge of MCA varied. Staff could demonstrate people had capacity to make decisions about their care, however the practices in place did not support this.
- One person was deemed unable to sign a consent record in relation to their care plan. The record stated the person had 'limited knowledge.' Yet the person had capacity in respect of their health and well-being.
- The provider's consent forms led staff to carry out a mental capacity assessment. Staff had done this, despite people having capacity to make these decisions.
- Where people were subject to court of protection for their finances, regular reviews had taken place.

Effective systems were not in place to support staff to work within the principles of MCA. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff supported people's health and well-being needs. These were delivered in-line with recommendations from health professionals. Staff were not always aware of recognised guidance; however, the nominated individual had started to address this.
- People were treated individually. Equipment had been obtained to support people with their care when needed.

Staff support: induction, training, skills and experience

- Staff received an induction. There was no evidence to show staff had completed their probationary

reviews outlined in the policy.

- Staff had not received regular supervision. They had received an appraisal.
- Training was not up to date. This had been picked up during quality assurance checks by the provider and had started to be addressed.

We recommend action is taken to support staff in-line with the policies in place.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutritional needs. People had choice and said they were happy with the menus in place. They had use of a kitchen to make snacks and drinks outside of mealtimes. Everyone spoke positively about the quality and variety of food provided. Comments included, "The food is good."
- Care records did not show dietary requirements relating to religious beliefs or health conditions. There was no information to support a pre-diabetic diet other than to reduce sugar intake and records did not show if people were compliant with medical advice in relation to their dietary needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care records did not sufficiently detail how people were supported with their physical needs. This included oral health care, such as support with mouth hygiene and check-ups with a dentist. Some people were not compliant with their physical health; however, this was not documented. The nominated individual responded to feedback. They sourced recognised guidance to support them with care planning and were reviewing options for training.
- Hospital passports were in place. There was no evidence of review to determine if the information was up to date.
- Staff supported people to attend healthcare appointments. This included understanding information given to them and making decisions about their care.
- Staff recognised when people were unwell and supported them to access medical assistance. Referrals for additional support were carried out when needed.

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

- Many aspects of the environment required updating. The provider had completed a review of the environment. Works had been scheduled to make the necessary improvements. A new kitchen was being installed at the time of inspection.
- There were limited adaptations in place for people with sensory impairments.
- The outside area required redesign to allow people to benefit from a safe and accessible space. This included storing industrial bins appropriately, removing rubbish and generally tidying the area.
- People had individually decorated their rooms. They contained people's personal possessions and pictures.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said they received good care. Comments included, "I am happy here. I can have a laugh with staff. They help me when I need it." And, "It's like family."
- People referred to each other and staff as 'family.' They appeared to be relaxed in each other's company. One staff member said, "We are friendly and try to make it into a home for people."
- Staff knew people very well and could anticipate their needs. People and staff were respectful and supportive of each other. They listened to each other and give each other the time they needed. People also said they could speak to staff about anything.

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

- People said they were involved in their care. They said they could voice their opinion and were listened to. Comments included, "I have a say in my care and I am happy with my care." Staff knew how to access independent support for people if they needed it.
- Feedback was sought during meetings for people. People were kept up to date with changes occurring at the service. Staff supported people to read information provided to them, such as letters regarding hospital appointments.

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a dignified manner. When people were unwell or having a difficult day, staff responded with kindness and compassion. Comments included, "We get well looked after. The staff are always there and when we need someone to talk to."
- People showed warmth to one another. They asked questions which demonstrated concern and helped each other by making drinks or making sure they had what they needed.
- Information about dignity was on display at the service. This supported people and staff to understand how they could support each other in a dignified manner.
- People had opportunities to be independent. Some people managed their own medicines and people had facilities to make their own drinks and snacks. However, the routines at the home required review to ensure people were as independent as they could in all aspects of their lives. This included responsibilities for own personal items.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received the care they needed. This is because staff knew them very well. Records did not contain the same level of knowledge which staff had. They did not review the person's strengths, independence or quality of life. Records did not show how people contributed to their care.
- Staff had good knowledge of people's wishes. They were aware that some people had funeral plans in place. Although care plans were in place, they had not been completed to show people's end of life wishes.
- Training in end of life care was not up to date. Following inspection, the provider was sourcing this training.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff supported people to understand information given to them. This included talking through letters, discussing options for people and assistance with making appointments.
- Some information was available in easy read format for people. Staff said information would be made available for people in any format if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to participate in activities at the service. Some people enjoyed watching television or listening to music. There was a pool table and games within communal areas.
- People and staff spent time together in the evening. Staff said this often included debates and discussion, singalong and games. Some people attended activities and social events in-line with their religious interests.
- The service had use of a minibus twice per week. People used the bus to access local areas. This included visits to Blayton, Retford and Lincoln. Some people liked to visit the local ice-cream parlour.
- Activity records were in place. They contained limited information. The purpose of the records was unclear as they were not used for review or analysis.
- There was limited information to support the interests of people with sensory impairments.

Improving care quality in response to complaints or concerns

- People were aware of how to make a complaint. People said they could talk to staff about anything and said they would be listened to.
- Information about how to make a complaint was on display. Where informal concerns had been raised during meetings, they had been addressed.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Systems were in place to monitor the quality of the service. The effectiveness of these varied. The quality of record keeping needed to be improved in all areas. Action had been taken to improve the management of medicines and support was in place to address training needs.
- Staff were proactive in managing the risks to people, however, records did not demonstrate this. There were gaps generally in many of the records reviewed. Care records were difficult to navigate. Action had not been taken to identify potential risks from the environment.
- The registered manager was included into staff numbers. As a result, the required oversight of the service was not always in place.

These concerns show further improvements are needed to have fully effective quality assurance systems in place. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff team were open and honest. They worked together as a team to support people. The values of the service were embedded into the care provided. Overall, people said they were happy with their care and staff were always visible.
- People were supported to achieve good outcomes. Staff understood their needs, and this was reflected in the way support was delivered.

### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in post. The Commission had been notified when incidents took place. Staff said they were supported, one comment included, "[Registered] manager is lovely, they would listen to me if I had an issue."
- The provider was responsive following feedback. Immediate action was taken to address some of the concerns identified.

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

#### characteristics

- People and staff were asked to provide feedback. They were asked for their views about care and updates to the environment. They were able to raise concerns when they needed. People were supported with their communication needs to maintain contact with services involved in their care.
- People were a part of their local community. They accessed local services, shops and areas of interest.

#### Working in partnership with others

- Staff had good working relationships with professionals involved in the service. They were open and transparent. This helped to ensure the needs of people were met.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  (1) The quality of record keeping needed to be improved. Quality assurance measures had not identified the concerns found during inspection.