

# Prime Life Limited

# The Mount

## 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

The Mount is a residential care home providing personal care to 18 people aged 18 and over at the time of the inspection. The service can support up to 19 people in one large adapted house and two separate adapted bungalows.

### Services for people with learning disabilities and or autism are supported

The service was following the principles and values underpinning Registering the Right Support but had not been originally developed with these principles due to the size of the service.

The service is larger than recommended by best practice guidance. However, we have rated this service good because people were provided with person-centred care which greatly increased their independence and well-being. Staff worked with people to help them transition into independent living settings using two large adapted bungalows, which could accommodate up to eight people. The main building of the home was very large, and people had access to multiple living areas and enjoyed coming together in the large dining room for meals and activities.

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

People were happy and cared for by a dedicated staff team. Staff worked with people to support them to achieve their own ambitions. People were provided with choices around their care and had their needs assessed regularly.

The service was safe and appropriately adapted to meet the needs of people. Medicines were managed safely. Risks people may face were assessed and steps put in place to mitigate the risk. There was enough staff to safely support people.

Staff knew people very well and could tell us the level of support each person required. People were supported to maintain a healthy balanced diet and were provided with a range of options for meals. Staff worked with other agencies positively to make sure people received a continuous level of care.

Staff received regular training and were recruited safely. The registered manager supported the staff team with frequent supervisions. There were regular team meetings and resident meetings, where feedback was provided about areas to improve the service.

The quality and assurance systems in place were effective and allowed the registered manager to monitor and improve the quality of care provided to people.

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 supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 4 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

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.

# The Mount

## 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

This inspection was carried out by one inspector.

#### Service and service type

The Mount is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

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 the information we held about the service such as when the provider told us about serious injuries or events

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams but did not receive any formal feedback. We received feedback from the NHS Clinical Commissioning Group (CCG),

who commission services from the provider, and asked the local Healthwatch for their feedback. 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 reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We 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 five people who used the service, two relatives, and five members of staff including the registered manager. We reviewed the care records for two people, medicine records for six people and the recruitment records for two members of staff.

We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Staff received training around identifying abuse and could tell us what action they would take. One staff member said, "They (people) are safe and that's our priority."
- Safeguarding policies and procedures were in place and people had access to easy read versions of these throughout the home. One person commented they felt safe and happy. A relative told us, "Everyone is safe. I've never had to worry about a thing. He's in the safest place."

Assessing risk, safety monitoring and management, Preventing and controlling infection

- The premises were safe. They were regularly checked and adapted to meet people's needs.
- Care records included personalised risk assessments and guidance for staff to mitigate these risks. For example, one person had assessments in place in relation to choking and for using the communal kitchen. A staff member told us, "Risk assessments are in place and we are always looking to update these with any changes and review the care plans too."
- Staff followed infection control procedures and supported people to maintain good personal hygiene.

Staffing and recruitment

- Staff recruitment was safe. The staff team was well established, with some staff working at the home for over 18 years.
- There was enough staff on duty to safely support people. The registered manager reviewed staffing needs regularly.

Using medicines safely

- Medicines were managed safely in line with national best practice and guidance. Staff received regular training and competency checks to make sure they administered medicines safely.
- Medicines were stored safely and there were regular audits of people's medicine records.
- Risk assessments were in place for people who administered their own medicines.

Learning lessons when things go wrong

- The registered manager investigated all accidents and incidents thoroughly, escalated these to the local authority appropriately and notified us.
- Lessons learned from investigations were shared with the staff at team meetings and supervision sessions.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- Staff had assessed the capacity of people for specific decisions. Where people lacked capacity, best interest decisions were made which included input from people's relatives, advocates and other health care professionals.
- DoLS applications were made to the local authority and reflected the person's needs. Staff had received training around MCA and DoLS and were able to tell us how people's capacity was assessed.
- People were the decision makers about their care and chose what support they needed. A staff member said, "We continually ask clients what they want for their choices and always check. We double check at every opportunity to make sure they are getting their preferred choice."

Staff support: induction, training, skills and experience

- Staff were trained and knowledgeable about the people they supported. Staff received regular mandatory training from the provider in the form of eLearning and face to face. Staff had also received service specific training to enable them to fully support the people living at the home who required more complex support. A staff member told us, "We have face to face training, paper, and videos. It works for everyone."
- New staff received an in-depth induction from the provider.
- Staff received regular supervisions from the registered manager. These included discussions around well-being, personal development and safeguarding.



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

- People were supported to access a healthy balanced diet which also reflected their personal choices and dietary needs. People were happy during meals times and interacted with each other and staff.
- People could access the communal kitchen and were supported by staff to make meals for themselves and others. There was easy read food hygiene information in the kitchen for people to follow.
- Staff identified if people were at risk of malnutrition and escalated these appropriately to the GP and other health care agencies.

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

- People were supported to access their GP and other healthcare professionals and care plans reflected the guidance provided.
- Staff worked in partnership with other healthcare professionals to provide a continuous level of care which was responsive to their needs.
- People had hospital passports which allowed other health care agencies to know how people liked to be supported. For example, if someone was admitted to hospital their information from the service included how they communicated and what a good and bad day looked like.

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

- The home was appropriately adapted and decorated to make it feel homely. There was pictorial signage to help people navigate around the service independently.
- People's bedrooms were personalised and reflected their own personalities. One person said, "I've got my own room with my own pictures."
- There was pictures and posters around the home with information about activities and useful information. People were consulted about any changes to the home environment as part of resident meetings.

# 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 were treated kindly by staff and we observed many positive interactions. Staff knew people extremely well and could tell us about each person's needs.
- There were equality and diversity policies to help ensure people were treated fairly, regardless of their age, sex, race, disability or religious belief. People were treated as individuals and supported to follow their own cultural beliefs
- People smiled and joked with staff. Staff had warm and friendly conversations with people. One person told us, "I like them. They [staff] are funny."
- Relatives were complementary about the staff. One relative said, "They are brilliant with him. He enjoys being there and being with the staff. They know him so well now that they can tell straight away if there's something wrong and they know how to make him happy."

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

- People's care plans had been developed from in-depth assessments and conversations with people and/or their representatives. A staff member told us, "We evaluate the care plans on a monthly basis, and we sit down with the clients and go through it. We have got a couple of residents who can't verbalise fully, and we know now they communicate and have a good understanding of our clients. We ask them what they want to add, what they want to do and get them involved."
- People were accessing advocacy services and staff supported this practice. Advocacy services support people to express their views and concerns when they may not be able to do this independently.

Respecting and promoting people's privacy, dignity and independence

- People's care plans described how to support them in a dignified and respectful way. Staff asked for permission before providing support to people.
- Staff encouraged people to be independent and supported them when needed. People chose what they wanted to do each day and staff supported this. For example, providing times for buses and taking people to activities in the local community.
- Some people were living semi-independently in two bungalows on site. Staff supported these people with transitioning to independent living whilst still having staff nearby if needed. One person living in this setting told us, "I've got my own space but they [the staff] give me my tablets. I keep it clean and tidy."

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were individual and reflected their choices.
- Care plans were regularly reviewed with people, their relatives and advocates.
- Staff knew people well and were able to deliver responsive support. Care plans accurately reflected the support people needed from staff.

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 were aware of AIS and provided different examples of how they applied this with people. For example, staff had learned sign language in their own time and had been taught by a person to ensure they could communicate fully with them.
- People had their communication needs assessed as part of their initial assessment. Communication needs were identified, and staff worked with people and relatives to find solutions to support people to communicate. For example, staff used pictorial signs or used plain English to explain information to people.

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 able to access activities within the service which were meaningful. For example, the registered manager hosted a weekly 'Wednesday Club' where people could get together and discuss issues important to them.
- People were 'champions' for certain areas at the service and worked with agencies to promote this. For example, one person talked to us about how they were a safeguarding champion and worked with another agency to host a safeguarding event where they were responsible for the tuckshop.
- The local community was welcomed into the home and a representative from the local church visited regularly to support people with their religious needs. Some people attended the local college and worked in the local community. A member of staff said, "The church come in and do singing with the residents and bring instruments to join in."
- Staff supported people to maintain relationships that were important to them. This included having coffee mornings at the service for relatives to attend and supporting people to independently visit their relatives.

Improving care quality in response to complaints or concerns

- Complaints or concerns were addressed and used to improve the quality of care provided. There was a complaints policy in place at the service and this was accessible in easy read format for people. At the time of inspection no one had any concerns about the service.
- Any concerns or complaints were investigated in line with the provider's complaints policy, outcomes were shared with people and used as learning to reduce repeat events.

#### End of life care and support

- Staff were able to deliver personalised end of life care when needed to people. At the time of inspection no one was receiving end of life support, but staff had received training around how to deliver this.
- People's care records showed that conversations had taken place and staff had recorded the person's wishes. A staff member said, "We talk through what they would like at the end and include their family. Clients pick their funerals and their religious needs."

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were very positive about the culture within the service, which was led by the registered manager. One member of staff said, "I've worked here for 13 years. I love it, wouldn't want to not be here." All staff we spoke with enjoyed their job and had worked at the service for long periods of time.
- Staff were very complimentary about the registered manager. Comments included, "We get brilliant support from [registered manager]. If we have a problem, he'll help anyway he can."
- People and their independence were at the centre of the service. One relative told us, "[Person} got his confidence and life back thanks to them. I can't thank them enough."

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; Continuous learning and improving care

- When things went wrong, apologies were given to people and lessons were learned. These were used to improve the service.
- Records showed investigations were completed for all incidents. Actions were identified and shared with people, relatives, staff, partnership agencies and used to improve the service.
- Results from feedback surveys, incidents, audits and complaints was used to improve the quality of care provided to people.

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

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- There was a quality and assurance system in place to monitor the quality of care provided to people. The registered manager monitored and audited all aspects of the service and found ways to further improve.

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

- People, relatives and staff were asked regularly for their views on the service and areas where improvement was needed. This was used as part of the improvement plan by the registered manager.
- There were regular meetings for people and staff where updates, feedback and ideas could be shared. Relatives and visitors were also encouraged to attend meetings to help provide the best service as possible

to people.

#### Working in partnership with others

- Staff worked closely with other health care professionals. People's care records showed involvement and guidance from other agencies, for example the learning disability team and GP.
- The registered manager had created links within the community and encouraged visitors to The Mount.