Prime Life Limited

Kirklees

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?	Outstanding
Is the service well-led?	Good

Overall summary

Kirklees is a care home close to the centre of Waltham near Grimsby. The home provides accommodation and personal care for adults of all ages with learning disabilities or autistic spectrum disorder.

The service had 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 about how the service is run.

This inspection was unannounced and took place over two days. The previous inspection of the service took place on 23 January 2014 and was found to be compliant with all of the regulations inspected.

People who used the service and their relatives told us they felt safe. Comments included, "I'm safe" and "Of course I'm safe."

The registered provider had policies and procedures in place in safeguarding vulnerable adults from harm or abuse.

Summary of findings

Staff told us they had been recruited into their roles safely. Records showed appropriate checks took place before people commenced their employment.

Staffing levels were adequate to meet people's needs and were kept under constant review so they could be adjusted flexibly should people's needs change.

Medicines were kept and handled safely. Prior to the second day of our inspection visit, the service had received an audit visit from a local pharmacist. Their findings indicated they had no concerns about how medicines were stored and handled at the service.

We saw risk assessments clearly identified hazards people may face and provided guidance to staff to manage any risk of harm.

A relative we spoke with on the telephone said, "It's (the home) always clean when I call."

We were shown the daily cleaning records and we noted every bedroom, bathroom and communal area was cleaned daily.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may need support to make decisions are protected. Training records showed all staff had received recent training in the principles of MCA. Care plans we reviewed contained assessments of the person's capacity when unable to make various complex decisions.

Each person who used the service had a specific eating and drinking plan which clearly identified their individual preferences. We observed the lunchtime experience was relaxed and had a social atmosphere with lots of chatter and interaction from staff.

The 13 people who used the service received regular input from external healthcare professions.

Staff told us they received regular training and felt well supported by the registered manager and registered provider at the service.

Members of staff were able to describe the individual needs of people in their care, including explanations of what gestures and expressions people would use to indicate their preferences, choices and wellbeing.

People who used the service told us they were able to choose when to go to bed and when to get up the next morning. They also said their privacy and dignity was respected.

Care plans were written around the individual needs and wishes of people who used the service. They contained detailed information on people's health needs and about their preferences.

A number of activities were organised throughout the week. A display board using pictures provided people who used the service with information of what was taking place each day. Activities included clothing parties, barbeques, and trips to the seaside. In addition the registered manager had arranged 'themed days' around specific topics.

People told us they would know how to make a complaint if necessary. They all said the registered manager and the staff were very approachable.

The registered manager carried out regular checks on staff competency. Records showed accidents and incidents were being recorded and appropriate actions taken immediately.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient staff to meet people's needs. Staff were recruited safely and understood how to identify and report any abuse.

People said they felt safe. Risks to people and others were managed effectively.

People's medicines were stored securely and administered safely by appropriately trained staff.

Is the service effective?

Good

The service was effective. Staff had been well trained and supported through supervision and appraisal of their work.

People were supported to have a balanced diet.

As far as possible people were involved in decisions about their care. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People felt staff treated them with kindness and as an individual.

People's privacy and dignity were respected. Staff respected people's personal space and always asked permission to enter their rooms.

Is the service responsive?

Outstanding

The service was responsive. Care plans contained up-to-date information on people's needs, preferences and risk management.

People participated in a wide variety of activities, many of which were tailored to their individual needs.

People were aware of how to make a complaint.

Is the service well-led?

Good

The service was well led. There were systems in place to monitor the quality of the service.

Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

The registered manager promoted an ethos of teamwork and staff felt they were supported.

Kirklees

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 registered 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 unannounced inspection took place on 11 and 19 March 2015 and was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was present on the first day of our inspection and had experience of supporting someone with a learning disability.

The local authority safeguarding and contracts teams were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. They told us they had no current concerns about the service.

We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in two communal areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with four people who used the service, two care workers, one senior care worker, the regional manager, the registered manager, a domestic and two relatives.

We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked around the premises, including people's bedrooms (after seeking their permission), bathrooms, communal areas, the laundry, the kitchen and outside areas. Four people's care records were reviewed to track their care. Management records were also looked at, these included: staff files, policies, procedures, audits, accident and incident reports, specialist referrals, complaints, training records, staff rotas and monitoring charts kept in folders in people's bedrooms.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe. Comments included, “I feel safe and it's fine here though I hope to move to my own place in the near future”, “I’m safe”, “Yes, I think XXX is safe, I’ve never had any concerns”, “Of course I’m safe”, “The staff are always around” and “I’ve never seen anything that leads me to doubt the safety.”

We saw the registered provider had policies and procedures in place to safeguard vulnerable people from harm and abuse. We saw all staff had received recent training in safeguarding vulnerable adults from harm or abuse. Staff were able to describe to us what types of abuse may occur and what signs to look for. They also said they were confident the registered manager would act appropriately and swiftly to address any concerns they raised. Staff were aware of the registered provider’s whistle blowing policy and how to contact other agencies with any concerns. Telephone numbers of external agencies such as the local safeguarding team were displayed around the service.

The registered manager showed us records of referrals make to the local clinical commissioning group’s (CCG) safeguarding team and we noted the registered manager had worked with them to investigate any concerns.

Staff told us they had been recruited into their roles safely. Records confirmed references were taken and staff were subject to checks on their suitability to work with vulnerable adults by the disclosure and barring service (DBS) before commencing their employment.

During the day the 13 people who used the service were cared for by two care workers. The registered manager was supernumerary. In addition, there was one domestic and one cook on duty each day. At night people were cared for by two care workers. The service employed one senior care worker who worked both day and night shifts as determined by the rota. Our observations showed staff were attentive to people’s needs and were always available. People who used the service told us there were enough staff on duty who would respond quickly to their requests or needs. The registered manager told us staffing levels were kept under constant review by using a recognised dependency assessment tool so they could adjust the staffing levels flexibly if people’s needs changed.

We saw medicines were kept safely. The service had a dedicated room in which to store medicines; however, this did not have a sink for staff to use for hand hygiene although we observed staff using a hand gel to clean their hands before they handled each person’s medicines. Medicines used every day were stored in a trolley secured to the wall and additional medicines were stored in a locked cupboard or in a bespoke medicines fridge. A locked controlled drugs cupboard was attached to the wall for medicines requiring tighter security. We completed a check of controlled medicines and found stock matched the register. We saw that stock balances were checked daily. We found the register was accurate and had been signed by two members of staff when they administered controlled medicines to people who used the service. We saw procedures were in place to dispose of medicines appropriately.

We saw one person had been assessed as being able to take their own medicines. They told us, “There's a new system now, I'm watched by staff and they and I have to sign that it's been done.”

We reviewed the medicines administration records (MARs) for all 13 people who used the service and found they were completed accurately; this had been checked daily by the senior staff and by the registered manager as part of a monthly audit. Records confirmed medicines were handled only by suitably trained staff.

We checked the expiry dates of medicines and how the ordering and stock rotation systems worked. An effective ordering system was seen to be in place and all medicines were found to be within their expiry dates. Prior to the second day of our inspection visit, the service had received an audit visit from a local pharmacist. Their findings indicated they had no concerns about how medicines were stored and handled at the service.

We noted one person used oxygen in their bedroom to assist their breathing. We saw there was no sign on the person’s door to indicate an oxygen cylinder was being used; when we pointed this out the registered manager took immediate steps to rectify this.

We reviewed the risk assessments in four people’s care plans. We saw the assessments clearly identified hazards people may face and provided guidance to staff to manage any risk of harm. Care plans contained risk assessments for mobility, medication, falls, nutrition, dehydration, and

Good

Is the service safe?

behaviours which may challenge the service and others. All risk assessments had been evaluated and updated monthly or sooner if necessary. Staff told us the risk assessments provided sufficient information to assist them in reducing people's exposure to risk as much as possible.

We saw each person who used the service had a personal evacuation plan which provided emergency services and others information about how to safely evacuate the person if there should be a need, for example in the event of fire.

Information was available which accompanied people to hospital in an emergency to make the clinical staff aware of the person's needs and their level of independence and understanding.

Relatives we spoke with on the telephone said, "It's (the home) always clean when I call."

We were shown the daily cleaning records and we noted every bedroom, bathroom and communal area was cleaned daily. We saw people's rooms received a deep clean at least once a month although some skirting board areas required more attention. We saw all bathrooms contained paper towels and appropriate hand gels. On entering the kitchen we were asked to wear disposable personal protective equipment (PPE). This meant the service followed good practice in order to effectively manage the risk of infection.

We saw the registered provider had taken steps to adapt the premises to the needs of the people who used the service. For example, there was a large room on the ground floor containing sensory equipment and furniture specifically adapted to prevent people from causing harm to themselves.

We found equipment used in the home was serviced at regular intervals to make sure it was safe to use. External doors were linked to an alarm system. This alerted staff when people used the external doors and they were able to check if they required assistance. The fire safety checks were carried out regularly and the fire risk assessment had been updated.

Good

Is the service effective?

Our findings

People who used the service, members of staff and people's relatives told us the service was effective. Comments included, "We get a lot of training and I think we have the knowledge to do the job", "I think they (the registered provider) trains us really well" and "The staff seem to know xxx and how to deal with all the situations." People also told us the food was food at the service; comments included, "Yes, I like the dinners", "I think the food is good, we always get what we want" and "Very happy with the food."

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may need support to make decisions are protected. Training records showed all staff had received recent training in the principles of MCA. Our observations showed staff took steps to gain people's verbal consent prior to care and treatment.

The care plans we reviewed contained assessments of the person's capacity when unable to make various complex decisions. Care plans also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people. When people had been assessed as being unable to make complex decisions there were records of meetings with the person's family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interests. Records also showed advocates had been involved in supporting people where necessary.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. We saw the registered manager acted within the code of practice for the MCA and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The registered manager told us they had been working with relevant local authorities to apply for DoLS for people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this.

We saw each person who used the service had a specific eating and drinking plan which clearly identified their individual preferences. We saw eating and drinking plans had been developed with input from the Speech and Language Therapy (SALT) service which had given specific advice on food textures, adapted cutlery, and positional considerations. We saw each person's weight was monitored monthly or weekly if required. In cases of people losing weight we saw food and fluid charts were put in place to record intake.

We observed the lunchtime experience was relaxed and had a social atmosphere with lots of chatter and interaction from staff. People were offered a choice of drinks at the table and a choice of a different meal if they did not like the one they had originally chosen. People who took longer to eat than others were afforded the time to do so. During our inspection visit lunch was being prepared by the care staff in the main kitchen. We were told the people who used the service preferred a light lunch of hot and cold sandwiches at lunchtime and their main mean at tea time. One member of staff told us, "We used to have the main meal at lunchtime but some of the residents go out during the day and missed the meal so everyone decided to do it the other way round." This meant the cook worked during the afternoon to prepare the main evening meal and supper.

The 13 people who used the service, some of whom had complex health needs, received regular input from external healthcare professions. Records showed people had been supported to receive input from the GP, SALT, dentist, chiropodist, and physiotherapy services. We noted one person had a history of epileptic seizures; following the latest seizure we saw the service had arranged for appropriate referrals to be made to a specialist regarding their medication.

Staff told us they received regular training and felt well supported by the registered manager and registered provider at the service. One member of staff said, "We get lots of training, I feel that I am trained very well to be honest."

Good

Is the service effective?

Records showed each member of staff had a minimum of six supervision meetings including an appraisal with their line manager throughout the year. This showed us there was a system in place to support staff and help them develop. The registered manager told us they had an open door policy and encouraged all staff to engage with them whenever they needed to talk about an issue or concern.

We reviewed the staff training records and found the registered manager used an electronic system to monitor and plan training for all 23 members of staff. We saw staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. The training included safe lifting and handling, health and safety, fire training, safeguarding adults from abuse and basic food hygiene. The registered provider told us they considered behaviours which may challenge the service and others training as essential for all staff. We saw 18 members of staff had achieved a nationally recognised qualification in care or were working towards it.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us the service was caring. Comments included, “The staff are wonderful, I don't know how they do it”, “They are fantastic carers, XXX is so well looked after”, “If I was concerned I'd be on to the manager immediately”, “Staff keep me in touch with XXX's care, sometimes they email me three or four times a week” and “Staff ring me every week to keep me informed.”

We observed high levels of interaction from staff who rarely left people unattended. We observed staff speaking with people in a calm, sensitive manner which demonstrated compassion and respect. We observed staff using non-verbal communication methods as described in people’s care plans. Relatives told us they were free to visit at any time.

We saw care plans provided staff with good information about how people who used the service wished to be treated, particularly in relation to personal care, so their dignity and privacy was preserved.

People who used the service told us their privacy and dignity was respected. We saw staff knocked on people’s doors before entering rooms and people were asked discreetly if they needed to go to the bathroom. People’s rooms were personalised with pictures of their families and other personal items.

The service had a notice board in the main reception area displaying information for staff, relatives and people who used the service about dignity. Staff told us dignity and privacy was always discussed in both team and general staff meetings.

The registered manager showed us the results from their monthly ‘respect and dignity in care’ audit. This document set out 10 clear principles of respectful and dignified care the service should aspire to and detailed any shortfalls in the environment, people’s privacy, personal care, communication, and meal time experience. We saw that when shortfalls had been identified an action plan had been created and followed up by the regional manager.

People who used the service told us they were able to choose when to go to bed and when to get up the next morning. We saw care plans provided staff with detailed information about people’s preferences about daily and night time routines.

Members of staff were able to describe to us the individual needs of people in their care, including explanations of what gestures and expressions people would use to indicate their preferences, choices and wellbeing. This meant staff had developed a good understanding of how to interact and communicate with people, ensuring their needs were met. They looked directly into people’s faces when asking questions and talking to them.

Many of the people who used the service were unable to communicate verbally. We saw staff asking questions with understanding and patience. People were given time to respond to questions with gestures or noises. It was clear staff understood people’s communication methods.

People who used the service and their relatives told us they felt involved in their care and were asked to attend reviews annually. We saw changes to care plans had been made as a result of these reviews. This meant when people’s needs had changed, their care plans had been discussed and updated to reflect this and their care needs were met.

We saw there was a planned schedule of meetings for people who used the service and their relatives. The minutes from the meetings showed issues such as the food, amenities, activities and the general levels of care were discussed. Following the meetings we saw the registered manager had created an action plan in order to implement ideas they had discussed.

We noted that in between our two inspection visits, the service achieved the ‘best specialist adult care’ award in the 2015 Care Home Awards held by the local clinical commissioning group (CCG).

Outstanding ☆

Is the service responsive?

Our findings

People who used the service and their relatives told us the service was responsive. Comments included, "We get to do things every day", "We've got a new mini bus so we can go out", "We go to the pub", "I go to Foresight (a specialist learning and activity provider) twice a week", "I think the care plans are written around XXX's needs" and "I think the care's personalised."

We reviewed four care plans, each written around the individual needs and wishes of people who used the service. Care plans contained detailed information on people's health needs and about their preferences. We saw care plans were evaluated and updated each month together with an assessment of changes in people's dependency levels. Care plans were audited monthly by the senior staff to ensure evaluations had been carried out and the information was still up-to-date. People who used the service or their representative had signed their care plan to indicate they agreed with its content and had been involved in its planning.

We reviewed the daily notes for four people who used the service. We found these were written clearly and concisely. They provided information on people's moods, appetite, preferences, health issues, and participation in activities. Staff told us the care plans provided them with enough information to care for people and they were able to describe in some detail people's life histories, preferences and personalities. We saw care plans contained a section called 'my shopping list' which gave sizes of people's shoes and clothes so that the correct size could be bought and also to support people in buying their own clothes.

Each care plan contained information about people's preferences during the various parts of the day and included 'my morning', 'my afternoon', 'my evening', and 'my night' sections. This included what people liked to eat and drink, what they liked to do, and what time they usually went to bed or woke up. Each section was written in a very personal way. In addition, the care plans gave information on what each person thought was good about them; for example, one person thought their laugh and their smile was the best thing about them. Other sections of the care plan included information about 'things I like', 'things I don't like' and 'my hopes and aspirations for the future'.

People told us there were a number of activities organised throughout the week. A display board using pictures provided people who used the service with information of what was taking place each day. We noted activities planned included clothing parties, barbeques, and trips to the seaside. In addition the registered manager had arranged 'themed days' throughout the year on various topics including superheroes, American independence day, Roald Dahl and Alice in Wonderland. We were told people who used the service would participate in making items for each day and dressing up.

On the second day of our inspection we observed a motivational exercise class being undertaken by an external provider. All the 13 people who used the service had gathered in the communal room and eagerly awaited the arrival of the organiser. During the hour-long activity we saw each person was fully engaged and actively taking part. The registered manager told us this session was so popular that they had now increased it to two sessions a week.

The registered manager showed us a guide they had written to support staff in the delivery of activities. The guide included information on cognitive, spiritual, social, and sensory activity. Information was also provided on what kind of activities could make a difference to people who used the service even of the care worker only had 15 minutes to spare.

We were told about a recent project the registered manager had organised called 'around the world' which had taken place during 'good care week', a national initiative. We saw people who used the service had chosen a specific country to focus on each day. People had worked together to create passports, posters, and models to represent each country. For example, when France was chosen a giant Eiffel Tower had been created on one wall. When it was China day, people had decorated cardboard Chinese takeaway boxes with Chinese writing. In addition to the craft activities associated with this project, the registered manager arranged for specific menus to be prepared by the cook; for example, cheese and wine was chosen for the 'France' day. We were also told that the music of the country was explored and played for people to listen to.

People who used the service told us they would know how to make a complaint if necessary. They all said the registered manager and the staff were very approachable.

Outstanding ☆

Is the service responsive?

Information about how to make a complaint was displayed throughout the service and available in an easy to read format. Two relatives told us they were also aware of how to make a complaint but had not needed to do this.

The complaints file showed people's comments and complaints were investigated and responded to appropriately. There was evidence that actions had been taken as a result of complaints and the person who made the complaint had been responded to within the timescales set out in the registered provider's complaints policy. The actions had been written up and the outcomes and learning from the situation were recorded. We saw complaints were monitored by the registered provider on a monthly basis to ensure issues had been addressed. This showed the complaints system at the service was effective.

Good

Is the service well-led?

Our findings

Members of staff and people's relatives told us the management of the service was good and their opinions and views were listened to. Comments included, "I love working here", "We're going to try and look after the people here as good as we can and try our best to meet as many of their very complex needs as we can" and "Things weren't going too well previously but since the current organisation took over, four years ago, it's been great; the manager since then has turned things around."

We saw there were effective systems in place to monitor the quality of the service. The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. We reviewed monthly audits for infection prevention and control (IPC), care plans, medicines management, infection rates, falls, pressure care, the environment, and training. We saw the registered provider required the registered manager to complete a monthly quality report which listed all infections, any pressure damage to people's skin, any complaints, and any safeguarding issues. We noted each area of the report was accompanied by an action plan listing time-specific actions and responsibilities. The regional manager told us they reviewed these reports monthly and monitored progress towards completion of any outstanding issues.

Records showed accidents and incidents were recorded and appropriate actions taken immediately. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to CQC as required by registration regulations.

We saw the registered manager carried out regular checks on staff competency. Each member of staff had their competency assessed regularly which included checks on their knowledge of people's care plans and the administration of medicines. We saw when shortfalls had been identified a time limited action plan had been put in place.

Staff told us meetings for all staff were held monthly in which the care for each person who used the service was discussed. Training requirements and the sharing of best practice were also discussed. Records showed learning from incidents and errors took place during the meeting in an open and transparent manner. Copies of the minutes were made available to staff who were unable to attend in person.

Records showed people who used the service were able to express their views about their life at Kirklees at monthly 'residents' meetings'. We reviewed the minutes of the last meeting in March 2015 and saw people expressed their views on food, things they would like to do and make, and places they would like to visit.