

Prime Life Limited

Southfield House

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: Southfield House is a residential care home providing care and support to younger adults and adults with mental health conditions. The service was providing personal care to 14 people at the time of the inspection.

People's experience of using this service: People who used the service, their relatives and health professionals gave positive feedback about the service. They told us they felt safe in the service and with staff.

People were supported by a consistent team of staff and were protected from avoidable harm and abuse by staff who could identify and report safeguarding concerns. People's medicines were administered as prescribed and this was closely monitored.

Staff understood people's needs and risks to their safety. Risk assessments guided staff on how to safely meet people's needs and were reviewed regularly. There was enough staff to meet people's needs. Staff received appropriate training and support to enable them to perform their roles effectively. Recruitment processes were in place and followed.

Staff had developed meaningful, caring relationships with people. They supported people to maintain their dignity and independence and to have maximum choice and control of their lives. This included accessing activities in the community, going on holidays and days out. Staff supported people's cultural and religious needs and did all they could to ensure the time they spent with their loved ones was special. It included relatives staying overnight at the service if they wished and joining them on holidays.

People were actively included in making decisions about their care and setting future goals. Care plans contained current and personalised information that supported staff to provide person-centred care including end of life care plans which identified their wishes.

People were supported to access healthcare services in a timely manner. Staff worked with professionals and responded to their advice, to ensure people's needs were met.

People told us the food was of good quality and they were included in developing weekly menus, so their personal tastes were catered for.

The manager was committed to providing a high-quality, person-centred service. They had created a caring and inclusive culture for people and staff. People told us they could talk to the management team about any concerns or complaints and were confident they would be listened to and have issues addressed promptly.

Staff told us they received regular supervision and appraisals and received appropriate training to meet the needs of the people they supported.

The manager used audits to monitor the quality and safety of the service. They listened to people's feedback and responded to issues and concerns to continually improve the service.

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

Rating at last inspection: Good (The last report was published 11 October 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

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.

Southfield House

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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: Southfield House Care Home is a care home which provides personal care to a maximum of 14 people.

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 and took place on 9 April 2019.

What we did: Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us of, such as abuse, and we sought feedback from the local authority that commissioned the service. The provider sent us a provider information return prior to the inspection. Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

At this inspection we spoke with the manager and three staff. We spoke to three people who used the service, two relatives and two health care professionals. We looked at three people's care records, including their initial assessments, care plans and risk assessments. We looked at medication administration records (MARs) where staff were responsible for administering medicines. We also looked at a selection of documentation about the management and running of the service. This included quality assurance information, audits, recruitment information for two staff, training records, policies and procedures, complaints and staff rotas.

Is the service safe?

Our findings

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

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

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

- People and their relatives told us they felt safe in the service and with staff. A health care professional told us, "All the residents appear safe and well cared for when I visit."
- Staff understood and could identify different types of abuse and would inform the registered manager, the local safeguarding team or the Care Quality Commission if they had any issues or concerns.
- The provider understood their responsibility to report and record safeguarding concerns with the local authority.
- The service had a safeguarding policy and staff had received safeguarding training.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong.

- All care plans had risk assessments in place, which identified risks to people's safety and well-being. These were signed by people, reviewed and updated monthly or sooner if a person's needs changed. They included information about how to support each person to evacuate safely in an emergency.
- Staff understood where people required support to reduce the risk of avoidable harm.
- Staff had access to personal protective equipment which included gloves and aprons and people confirmed staff used these when assisting them with personal care.
- Staff had completed infection control training.
- Accidents and incidents were monitored by the provider and the registered manager and used for learning in the service to help prevent reoccurrence.

Using medicines safely.

- People received their medicines safely and on time.
- Medicine administration records were up to date and accurate and had protocols in place for 'when required' medicines, which enabled staff to identify when people required these medicines.
- Medicines were stored safely and audited regularly which enabled any issues to be addressed promptly.
- Staff received training to support people with medication and had their competency checked every six to twelve months.

Staffing and recruitment.

- Staffing levels were sufficient to meet people's needs and maintain their safety.
- The provider's recruitment processes helped ensure only suitable staff were employed.
- Staff said they covered gaps in the rota and worked well together. One person told us, "There is always enough staff to sort out any problems you may have."

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

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

- Assessments of people's needs were thorough and considered their preferences when arranging their care.
- The assessments were used to develop care plans and these provided guidance to staff in how to support people in an effective way.
- Care plans were reviewed regularly one relative told us, "[Person's name] care plan is reviewed every year and I attend the reviews."
- Systems were in place to ensure staff were updated about people's changing care needs. This included handovers and as a small staff team they talked to each other daily and checked care plans for any relevant information.
- People were encouraged to personalise their bedrooms. This included their own furniture, bedding and wall decorations.
- Signs were used around the building to help people identify communal areas such as lounges, the dining room and bathrooms.

Staff support: induction, training, skills and experience.

- There was a proactive culture of staff seeking support when it was needed. Staff received regular supervision and annual appraisals. They attended regular meetings and had support from the management team.
- All staff had completed an induction and had access to training. Staff told us they received all the training they needed and if any specific training was required, for example on nutrition, they would get it. The training record confirmed staff were up to date with training, which enabled staff to support people appropriately.

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

- People were included in developing the menus. They held regular resident's meetings and were able to discuss and choose different options. One person told us, "The food is very good, there is plenty of choice."
- Staff prepared meals in line with people's dietary requirements and personal preferences and supported them to maintain their independence to prepare light meals and snacks if they were able to do so.

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

- Staff were confident in recognising changes to people's health and wellbeing and knew how and where to seek professional advice and to refer people to appropriate healthcare professionals.
- Staff were knowledgeable about the people they supported and worked in partnership with health and

social care professionals. One healthcare professional told us, "Staff are very good at quickly letting us know of any health issues or concerns people may have." One person told us, "If I need to see the GP the staff take me for an appointment and let my family know."

- Changes to people's needs were communicated quickly to staff who followed guidance provided by professionals so they could provide effective care and support in line with people's changing needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff sought consent from people. Care plans evidenced people had been included in their development and their consent was documented.
- People were encouraged to make their own decisions by staff who were trained and working in line with the MCA.

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

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.

- Staff respected people's cultural, religious needs and personal relationships and fully supported people with these areas of their life. One relative said, "I often stay overnight with [person's name] and it's lovely."
- People got on well with staff and were very relaxed in their company. A relative told us, "This seems such a happy home, because staff treat people with the upmost respect and they are often sat chatting to them."
- Staff demonstrated good understanding of people's diverse needs and people were respected and valued whatever their race, religion, disability or gender.

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

- People's care plans included detailed information about their likes and dislikes. This showed they had been asked about what was important to them and encouraged to make decisions about the support they received.
- People told us they had care plans, they could look at them any time and that they were regularly reviewed. One relative told us "I get invited to reviews but if I can't make it the registered manager lets me know what is happening."
- No one using the service had an advocate. The registered manager told us should anyone wish to have an advocate they would support people to find one. An advocate is a person who can support others to raise their views, if required.

Respecting and promoting people's privacy, dignity and independence.

- People and professionals spoke very highly of staff and their approach. People said staff were friendly and caring, respected people and promoted their privacy and dignity. One staff member said they were the dignity champion for the service and ensured the dignity of people was respected. They told us staff always knocked before going in to their rooms.
- Staff were knowledgeable about people's care needs and how to promote their independence. Care plans reflected this and evidenced the activities people took part in to assist them to lead more independent, healthier lifestyles. One person told us they liked to be busy as they enjoyed helping others and would often go to the local shop to buy things for the service and others.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff were knowledgeable about people's personal routines and provided consistent care.
- Care plans contained important information about people's personal histories and enabled staff to provide person-centred care. Care plans were reviewed and updated regularly. Daily records showed people's needs were met as per their wishes.
- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support the person to communicate.
- People were supported to pursue hobbies and interests in the service and the local community. Some examples included attending local clubs, days out and being involved in different crafts which included painting pebbles for the garden. Special occasions such as birthdays were celebrated.
- Plans were in place for people to go on holiday. Staff worked with people to choose a destination and when they would like to go. The management team ensured robust risk assessments and care plans were in place to ensure people would have a good holiday.
- The manager followed the requirements of the Accessible Information Standard to give people and their relatives information they needed in a format they required. Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard.

Improving care quality in response to complaints or concerns.

- Complaints were managed effectively in line with the providers policy and actions were taken to address concerns.
- Information on how to raise a complaint was available to people in a way they could understand.
- People said they knew how to make complaints but had no cause to complain about the service. One person told us, "I know where the complaints policy is, but I have never had to make a complaint in all the years I have been here. If I did I would go to the registered manager or any of the staff."
- Compliment cards and letters were kept showing relatives' satisfaction with the service.

End of life care and support.

- Staff sensitively discussed people's end of life care wishes. Care plans documented people's preferences and included spiritual and cultural information.
- At the time of our inspection, no one at the service was in receipt of end of life care. Staff understood how to liaise with relevant professionals should someone require end of life care.

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

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 their duty of candour responsibility.

- The provider and registered manager promoted a person-centred culture through the training they offered, staff supervisions and information shared with staff.
- Staff told us they felt listened to and were supported to provide good care and enjoyed working at the home. One staff member told us, "It's a good place to work, as you get to do different things and get to know people." A health professional told us, "[Registered manager name] is aware of people's needs and they lead a team where the members of staff respect them."
- People told us they had very good relationships with staff who were trustworthy and respectful. They were involved in discussions about their care and experienced good communication with staff.
- The manager understood and acted upon the duty of candour. Processes were in place to investigate incidents, apologise and inform people when things happened.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others.

- The management team monitored the quality of the service through the completion of a variety of audits. Some of which included care plans, medicines and health and safety. Any issues identified had actions recorded and these were monitored to ensure shortfalls did not reoccur.
- Staff had a clear understanding of their roles. A rota was updated for each shift with staff on duty and their roles. It was clear to see who was responsible for each task.
- The manager reported safeguarding concerns, notified the CQC of events when required, and investigated and responded to any complaints people had about the service.
- People told us staff were professional in their roles. A health professional told us, "[Registered manager name] is a very professional, well organised and effective manager."
- The management team had established effective working relationships with other organisations and professionals to ensure people received a good service. A healthcare professional told us, "I am very happy with the service, as communication is good and the record keeping is good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- There was effective and open communication between staff and management; meetings and email updates helped the provider and management share information and discuss the running of the service. A staff member said, "We talk all the time, as it's such a small service, but we ring each other too."
- The provider had an active role in the community and people could benefit from spending time

participating in activities of their choice if they wished to do so.

- People were included in the development of the service. They were regularly asked their views of the service. People and their relatives told us they had filled in surveys. The management team analysed the responses and kept people informed about any changes being made.
- Staff told us they were included in developing the service and could make suggestions which would be considered and implemented where appropriate. One staff member told us, "If we made a suggestion and it would benefit the people using the service we would be encouraged to carry it out."
- The manager was committed to continually developing the service. Regular audits helped the manager monitor the quality and safety of the care provided, identify where improvements were needed and ensure actions were completed.
- The provider and manager were open and responsive to feedback.