Prime Life Limited

The Hollies

Inspection report

The Hamlet
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Date of inspection visit:
14 December 2016

Date of publication:
07 March 2017

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

This inspection took place on the 14 December 2016 and was unannounced. The Hollies provided care and support for up to 23 younger adults with complex mental health needs. At the time of this inspection 22 people were living at the service.

The home is required to have a registered manager and a registered manager was 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.

People's medicines were administered safely. People were supported to access other healthcare professionals to maintain their physical and mental health and well-being.

Staff were trained to meet the needs of people. They had the training the provider considered necessary to support people using the service. Staff had safeguarding training and knew how to keep people safe.

People were offered the opportunity to pursue hobbies and interests inside and outside the service. They had access to fresh air and we saw the garden was in constant use.

Staff were deployed in the best interests of people and there were enough staff to meet people's needs in a timely manner. There was a thorough recruitment processes in place.

People were given the opportunity to plan their meals and had a choice of nutritious food and drink throughout the day. People were happy with the food. People's dignity was promoted at all times. Staff were caring at all times and had good relationships with people.

The staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. All the staff we spoke with understood the implications for people who were living under different sections of the Mental Health Act 1983.

Staff had read people's care plans and they were aware of information relating to people's needs and wishes. The provider had introduced a handover sheet that included an easy read page of important details in relation to people's needs and wishes.

There was an effective quality assurance system in place that was carried out at registered manager level and provider level to monitor all aspect of service delivery and to ensure the inclusion of people in service planning.

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.

We found that medicines were always administered and recorded in a consistent manner. Risks to people's health and wellbeing were identified in risk assessments. Risk was monitored. There were enough staff available to deliver people's planned care or to keep people safe. Staff were recruited safely.

Is the service effective?

Good

The service was effective.

Staff had the training the provider considered necessary to assist people to live well. People had access to healthcare professionals. When people did not have the ability to make decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed.

Is the service caring?

Good

The service was caring.

People's independence and dignity was supported. People told us they were treated with care and given choices. Staff were kind and caring and had developed good relationships with people. Consent was always sough prior to care or support been offered.

Is the service responsive?

Good

The service was responsive.

People had personalised care. They or their representative were involved in planning their own care. People were offered the opportunity to pursue activities and hobbies. People knew how to complain about their care and the provider had a complaints policy available for people and their relatives.

Is the service well-led?

Good

The service was well led.

The provider had effective systems in place to consistently assess, monitor and improve the quality of care. This meant poor care was identified and rectified by the provider.	

The Hollies

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 provider was 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 inspection took place on 14 December 2016, and the inspection team consisted of one inspector.

During the planning of our inspection we reviewed the action plan received from the provider and other information we held about the provider and the service which included notifications we had received from the provider about events that had happened at the service.

We spoke with four people, five care staff, the area manager and the registered manager. We observed care and support in communal areas and also looked around the home.

We viewed four records about people's care and records that showed how the home was managed. This included care plans, risk assessments, staff rotas, staff recruitment records and training records. We also viewed two people's medicines records.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe or had no worries about the safety of their relative. One person said, "Yes of course I feel safe." Another said, "The girls are really lovely and make sure I am safe."

Staff were trained to keep people safe and how to recognise and respond to signs of abuse. Staff told us, "We have training in how to keep people safe. We know what to do. [The manager] is very hot on safety and makes sure we all know what to do." Another staff member said "There is not a staff member who would not report someone being badly treated."

All the staff we spoke with said they had received training on keeping people safe and were able to demonstrate that they had a good understanding of how to do this. All knew the procedures to follow if they suspected abuse had occurred. They assured us that they would follow up on concerns until they were sure the issues had been dealt with. The registered manger had systems in place to ensure staff were of their duty of care to keep people safe. The registered manager was aware of their duty to report relevant incidents of concern to the local authority and to the Care Quality Commission and had done this

The service had a positive attitude to encouraging people to take reasonable risks and people had individualised risk assessments which looked at risks to their health and well-being. Each assessment identified the risk to people, the steps in place to minimise the risk while encouraging independence. For example there was an open door policy where the front door was open for people to come and go as they please. Risk assessment was ongoing. On the day of our inspection visit a large number of people were going out to Christmas Lunch. This outing was risk assessed using the knowledge of people needs and wishes to calculate the number of staff needed to support people to keep them safe, while promoting the opportunity to have a lovely time.

Staff understood and respected people's right to take reasonable risks so that their independence was promoted. The garden was made safe for people and we saw it was in use by those who wanted to on the day of our visit.

We saw that staff understood the risk to people and followed written risk reduction actions in the care plans. There were systems in place for staff who cared for people on a daily basis to input their observations on people's safety and welfare.

There were enough staff on duty to ensure the safety of people. The registered manager had a recognised system of establishing staffing needs. People confirmed there was always 'someone' around if you needed them.

People's medicines were administered safely and as prescribed by their GP. Staff had been trained to administer medicines safely. Medicines were stored appropriately within a locked cabinet. We looked at the medicines administration record (MAR) for two people and found that these had been completed correctly. There was a system to return unused medicines to the pharmacy. Protocols (medicine plans) were in place

for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN). Routine reviews by psychiatrist, community nurses, annual reviews by the GP and diabetic clinics were also evidenced. Medicines were administered from the medication room and people went there to get their medication. We were told medicines were administered in this manner to enable people to take responsibility for their medications. People we spoke with confirmed this. We were told staff would follow up if a person did not show for their medicines. Two people were in control of their own medications. Risk assessments had been completed to ensure they had the capacity to complete this safely.

People were protected from risks posed by the environment because the provider had carried out assessments to identify and address any risks. These included checks of the hot water and fire systems. The provider had contingency plans for staff to follow in the event of an emergency such as a gas or water leak. Staff were aware of these plans and what they needed to do. This enabled staff to know how to keep people safe should an emergency occur.

We found thorough recruitment procedures in place. These ensured the staff had the right skills and attitude, and were suitable to support people who lived at the home. The provider checked whether the Disclosure and Barring Service (DBS) had any information which might mean a person was not suitable to work in the home; and checked staff references. The DBS is a national agency that keeps records of criminal convictions. We saw from staff records that they did not commence employment until all the necessary checks were completed.

Good

Is the service effective?

Our findings

One person told us, "The staff are great they look after me really well." All training the provider considered mandatory had been completed and staff told us they were equipped to meet the needs of people. New staff received induction training. The staff we spoke with were confident their training had given them the necessary skills to be able to care for people. Records we looked at, discussion with staff and our observations confirmed that staff had access to a variety of training courses felt necessary by the provider. For example one staff member said the registered manager ensured training was provided to meet the needs of people. Our observations supported this.

There were systems in place to ensure the training was effective. Staff said if they were struggling to understand something or there were aspects of care they struggled with, the registered manager was always available for guidance. This could be verbal or they would show staff what to do. Staff were able to explain how the training helped them to care for people better.

The registered manager and staff confirmed staff supervisions and appraisals were taking place on a regular basis. Supervision is a supportive meeting held with a senior staff member and an individual or group. We saw team meetings took place regularly and staff said they were very useful and good for keeping up with changes in care practices and training available. This meant that staff had been supported to deliver effective care to meet people's needs.

People and their relatives said that their consent was sought before care and support was offered. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that they were. People who had capacity to consent to their care arrangements had their decisions about care clearly documented, and staff respected this. Capacity assessments were in place for people who needed this, and the provider followed the principles of the MCA. Staff had good understanding of the principles of the MCA, including how to support people to make their own decisions, and when a DoLS application may be required. The provider was working in accordance with the MCA, and people had their rights upheld in this respect.

The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to ensure that restrictions in people's care are proportionate and lawful. The provider had made appropriate applications and staff understood how to ensure that care was in accordance with the MCA DoLS. We saw that people's rights were being upheld, and any restrictions in their care were lawful and proportionate.

Those people without family or representatives had access to advocates who gave independent advice and acted in their best interest. We spoke with an advocate as part of the inspection process and they confirmed they were invited to act on people's behalf appropriately and they were happy with the care and welfare of the people they acted on behalf of.

We spoke with a visiting health care professional who assured us the physical and mental health of people was promoted at all times. They visited the service regularly and said all their directions on people's care were followed and if staff needed guidance they always sought it in a timely manner. They were complementary about the service and said they saw improvement in people who moved into the care of the service.

The service was visited regularly by the local GP. People were supported to have good physical and mental health. They were supported to attend hospital visits and all had their health reviewed on a regular basis. They were also taken into the local town to visit their dentist on a regular basis. Opticians and staff who supported good foot health visited the home on a regular basis. This meant people were supported to have optimum health.

People's health was promoted through good nutrition. People told us the food was good or very good. One person said, "We are asked what we want and we get it." Staff were aware of people's dietary needs and had systems in place to respond to people's changing needs.

Good

Is the service caring?

Our findings

Staff cared for people with kindness and care. Our observations supported this. We saw staff sought people's permission before entering people's rooms or flats. They showed consideration and compassion to people. People's dignity and independence was promoted. People confirmed this was the usual approach to care. This demonstrated staff respected people's privacy and dignity.

People were able to confirm that care planning was conducted in an inclusive manner. For example no changes were made to the care plan without a discussion with those involved or their representative. Records showed people who did not have a representative had access to an advocate service. This helped insure their views were sought and, where possible, respected.

People were encouraged to be independent and to make their own decisions. For example, how they wanted to spend their day. Some people liked to stay up very late at night, therefore they liked to have a later start to their day. Staff assisted them to make their breakfast at time that suited them. People were assisted to make their own decisions in a variety of ways People showed signs of being happy with their care. We saw people smile and laugh and joke with staff and each other. Staff monitored people's skills, while moving them towards better independence, in a discreet manner. One way the staff did this was by dropping off clean towels to everybody on a daily basis. This allowed people and staff to chat and staff to monitor how people were managing.

Staff communicated with the residents effectively and used different ways of enhancing that communication such as by touch.
People were self- caring however some needed prompting with tasks, this was done in a discreet and encouraging manner. People were facilitated to keep their pets with them in their rooms. People said this was important to them. The service also had a pet cat that gave pleasure to people and they took turns in caring for it.

Staff were continually kind and compassionate. We saw staff ensured they knew people's needs and wishes before proceeding. We saw people and staff excited before going out to have Christmas lunch together. People's skills and independence were respected and staff encouraged people to do as much as they wanted or could do. We saw people had the facilities get their own breakfast and snacks. This approach to care promoted people's independence and dignity.

Good

Is the service responsive?

Our findings

People had their needs assessed and a plan of care drawn up to assist staff to look after them. Two people said that the staff discussed any care needed with them so that they were sure the person was cared for in the manner and time of their choosing. One said when asked, "Yeh sure they do."

The plans included information on people's care needs, how they communicate, behavioural and social needs and detailed how people wished to be supported. People had also been included when the plans were developed and updated. This ensured the care delivered was what people wanted. For example, where people were self-caring. There was a discreet system in place to monitor how people were managing this.

People were able to plan their free time and were free to come and go to the service as long as they were safe. There were facilities in place to allow people to make simple meals and wash their clothes, this was to promote independence and prepare some people for a more independent life.

People had meetings on a regular basis. These were to decide on activities and to plan menus. Families and were encouraged to give feedback on the care of their relative. People planned their holidays and staff ensured they were able to enjoy them.

Care plans detailed what people wanted to achieve in 2016. This was detailed at the beginning of their care plan. Throughout the year the care plan progress monitored on how achievements were progressing. This included saving for holidays and gaining additional qualifications at college.

Staff had read people's care plans and they were familiar with people's needs and wishes. Staff were able to tell us what about people and the impact of care delivery on them.

There was an area in the care plan that focused on people's life history and on how they wanted to spend their day. For example one person liked arts and crafts. Other people like to spend time outside the service, such as going to the local town.

The service endeavoured to ensure relationships that were important to people were maintained and people were assisted to visit families and friends. Visitors were welcomed to the service.

There was a complaints process in place. This included how verbal complaints and grumbles were recorded and addressed. Independent advocates were available to people who needed assistance to make a complaint. At the time of our visit complaints had been responded to and there were none outstanding. The service had many complements on the care offered to people.

Good

Is the service well-led?

Our findings

Staff and people told us the service was well managed. Staff felt well supported in their role and people felt secure and well cared for.

Staff told us their morale was good and that they were trained to care for people. They said they had guidance on how best to care for people and if they had a problem or an issue to talk through, the manager was there to assist. People knew who the manager was and said they were able to talk to them should they need to. We saw this throughout the day of our visit.

People and staff were aware of the provider's vision and were included in how the home was run and how people were cared for. Their opinions were sought in a variety of ways including a resident's forum, relatives and staff meetings. For example the Christmas lunch was planned at a resident's meeting.

The provider had an effective quality assurance process in place. This included the manager completing an audit of all aspects of the service. This included people's risk assessments and how people were assisted to have a good quality life. This was further reviewed by the area manager.

The provider and the registered manager were aware of their duty to report incidents to CQC. A review of evidence held by CQC supported this.

All staff had job descriptions and they were deployed to areas of the home on a daily basis. Staff we spoke with were aware of their responsibilities to people and their obligation to read care plans and hand over notes. All staff we spoke with were able to tell us about the people they cared for, the risks to their health and how they like to spend the day.

The service had a system in place to record and review all accidents and incidents. These were reviewed by the manager. We saw that independence was balanced with risk in an appropriate manner and people's right to take reasonable risks was respected.