Prime Life Limited

Ashlands Mews

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

People's experience of using this service:
People were not fully protected from the risks of avoidable harm. Risks were not reviewed regularly and people who required assistance with specialised moving and handling equipment did not have these risks recognised or mitigated. Quality assurance systems had not been effective in identifying areas where the service could improve. People told us there were not enough staff to provide continuity and meet people's needs.

People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to assess, monitor and manage their safety. A range of risk assessments were completed, and preventative action was taken to reduce the risk of harm to people.

People were supported with their medicines in a safe way. People's nutritional needs were met, and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

People were protected by safe recruitment process which ensured staff were suitable to work in care services. All staff received training for their role and ongoing support and supervision to work effectively. Some staff received specialist training for people with complex needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider followed the principles of the Mental Capacity Act, 2005 (MCA) in planning and delivering people's support. People's consent was obtained before they were supported.

People were involved in their care as far as possible and care plans were regularly reviewed and updated as people's needs changed. Where appropriate people's relatives were involved in planning and reviewing people's care.

Staff were provided with clear guidance to follow in the care plan which included information about people's preferences, daily routines and diverse cultural needs. Staff had a good understanding of people's needs and preferences and worked flexibly to ensure people's care needs were met.

People and their relatives were encouraged to provide feedback about the service which was used to assess quality and make any improvements. The provider had a process in place which ensured people could raise any complaints or concerns and people felt comfortable to do this should they need to.

The registered manager and provider were aware of their legal responsibilities and provided leadership and supported staff and people who used the service. The registered manager and staff team were committed to the provider's vision and values of providing good quality, person centred care.

Lessons were learnt when things went wrong, and improvements made to prevent re-occurrences. The provider worked in partnership with other agencies to meet people's complex and diverse needs and people's health and well-being was monitored.

Rating at last inspection:
The last rating for this service was Good (published October 2016).

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? The service was not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service remained effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service remained caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service remained responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Ashlands Mews

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. 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:
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger people some with physical difficulties, older adults and people with dementia.

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:
We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available.

Inspection site visit activity started on 4 July 2019 and we made calls to the people who used the service and staff on 5 July 2019. We visited the office location to see the registered manager and to review care records and policies and procedures.

What we did:
We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority and professionals who work with the service. The provider completed a Provider Information Return (PIR). This is information we require providers to send us to give some key information

about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we spoke with three people who used the service. We also spoke with an area manager, registered manager, and three care staff.

We reviewed a range of records. This included three people's care records and three staff files. We also viewed training records and records relating to the safety and management of the service.

After the inspection, we asked the registered manager to provide us with a range of additional information which was sent promptly following the inspection. We used this information to help form our judgements detailed within this report.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
• People were not fully protected from the risks of avoidable harm. Most risks to people's safety and well-being were assessed prior to their admission and plans to manage risk were included in care plans. Those assessments that were in place were detailed. However, they were not reviewed regularly and some did not reflect all the risks to people's health and safety. We noted there were no risk assessments for people with specialised moving and handling equipment.
• People told us they felt safe. One person said, "I have got to know them and it's the same faces each time."
• There was a core group of staff located on the same site, so consistency of visiting staff was assured. This gave people uniformity and staff were aware of people's individual needs.
• The provider had a system to record accidents and incidents. The provider informed us there had been no accidents or incidents they needed to inform us about.

Staffing and recruitment
• Staffing numbers were not adequate to provide consistent and uninterrupted care. People told us they received care and support from staff who, in the main arrived on or around the same time every day. A person said, "Staff are not always on time, but usually that's because there was an emergency." Another person said, "Realistically [it can't be improved], not without more staff, to assist at peak times."
• People told us that for most visits they received calls from a small group of staff which they liked as it encouraged consistency.
• We had mixed opinions from people and staff if there was enough staff to complete the required tasks. People told us, and staff confirmed there was only one member of staff in the afternoon from 1.00pm to 4.00pm. One staff member said, "Sometimes the manager helps but sometimes he is out of the office and the people need to wait till the staff come back on duty." A second member of staff said, "There are not enough staff in an afternoon [named] needs to have two staff [explained a procedure] so there's enough staff to do it."
• We spoke with the registered manager who said they assisted staff when required. However, would look at the staff rota and arrange further cover if he was unavailable.
• Staff confirmed that their rotas were set in place and saw the same people regularly which helped them to understand people's care and support needs and develop good relationships. Robust recruitment checks were carried out before staff commenced their role. New staff had appropriate references, criminal record and identity checks completed before commencing their roles. These checks enabled the provider to assure themselves that the staff member was of suitable character to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

• People we spoke with told us they felt safe with the visiting staff.
• Staff knew how to identify the different signs of abuse and felt confident their concerns would be acted on by the registered manager or office staff.
• Staff had all recently completed safeguarding adults training refreshers.
• The registered manager was aware of their responsibilities to inform external agencies such as the local authority safeguarding team and the CQC of all relevant incidents.
• The care provider had safeguarding policies in place.
• The care provider had their own confidential whistleblowing telephone line. This enabled staff to report any abuse they witnessed anonymously direct to the provider.

Using medicines safely
• People received the support they needed with their medicines.
• Care plans contained guidance for staff when people required support with their medicines. Some people could manage their own medicines and others only required to be prompted. The records we looked at were appropriately completed showing people received their medicines when they needed them.
• Staff who administered medicines had been trained to do so. The registered manager told us staff received regular competency assessments to ensure they remained competent.

Preventing and controlling infection
• Staff had received training in infection control and had access to personal protective equipment such as gloves and aprons.
• People told us staff practiced good infection control measures. One person said, "They always wear gloves and an apron."

Learning lessons when things go wrong
• The provider had processes in place to investigate and act on incidents or accidents that could affect people's health and wellbeing.
• The registered manager said any information and updates were shared with the staff through individual or group meetings and at the handover between staff.
• Staff were able to report concerns to office staff immediately. This meant that accidents or incidents could be acted on quickly, reducing the risk to people's safety.

Good

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. 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:
• Before care delivery commenced the provider undertook an assessment to ensure people's needs could be fully met. However, these had not been regularly updated to ensure they covered all the areas people required support with.
• People received care that reflected their needs and personal choices following a review by the provider.

Staff support induction, training, skills and experience
• People told us they found the staff to be knowledgeable and they understood how to provide the right levels of support.
• Staff we spoke with told us they had a training induction which included face to face and online training when they commenced employment. Further specialised training was provided for staff where a specific need arose. For example, some staff had been trained to care for people with multiple sclerosis (MS).
• Staff confirmed they had regular staff supervision and were regularly observed performing tasks such as administering medicines. That meant the manager could ensure staff continued to perform tasks safely and in line with company procedures and training. This enabled their practice to be regularly assessed to ensure they continued to provide people with effective care and support. Staff were subject to an annual appraisal which helped the registered manager plan any additional training staff required.

Supporting people to eat and drink enough to maintain a balanced diet
• Some people remain independent with making their own meals, others received the support they needed from staff to have a good nutritional input. One person said, "I mainly make my own meals, but the staff can and will do [make] snacks, and I enjoy a Sunday roast. They pop in now and again to make sure I have a drink." A member of staff said, "It's lovely, you visit people and ask what they want to eat, they all have an open choice."
• People's care records contained guidance for staff on the support they needed with their meals. People's food and drink likes and dislikes were also recorded.
• Where people had specific health conditions that could affect the way their food and drink choices were produced and served, detailed guidance had been sourced from health professionals to support staff.

Staff working with other agencies to provide consistent, effective, timely care
• Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.
• Specialist advice, training and instruction had been arranged for a number of people using the service.

• Staff and management knew people well and could identify when people`s needs changed and seek further advice.

Supporting people to live healthier lives, access healthcare services and support
• People were supported to access healthcare services where needed. This included visits and back up information from specialist healthcare staff and visits to GPs.
• A person told us they remained independent and arranged all their own health appointments.

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.
• We checked whether the service was working within the principles of the MCA and found they were. The registered manager and staff had a good understanding of the MCA.
• Where people could make decisions for themselves records showed they had agreed with the care that was to be provided. One person said to us, "I don't let them care for me with saying nothing they are a good bunch of carers I like their style some though some don't say a lot." Another person said, "I tell the staff what I need, and they do it." Staff explained how they engaged and talked to people to gain their continued consent.

Good

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. 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 told us they liked the staff who supported them. People said staff treated them with respect. One person said, "They are patient and considerate and listen to what I say." Another person said, "Staff are nice."
• The provider recognised people's diverse needs. There was a policy in place that highlighted the importance of treating people equally. One member of staff said, "It's about no discrimination and people having equal rights."
• Staff understood people's personal choices and cultural preferences, which were detailed in people's care plans.

Supporting people to express their views and be involved in making decisions about their care
• Most people felt involved with decisions about their care. One person said, "I could be more involved with the care [plan] reviews."
• Staff told us they involved people in making decisions about their care. For example, one staff member said they would engage people in conversation, explain what care they were there to offer and ensure the person was fully aware before providing care.
• Care plans showed people and some close relatives had been involved in setting up their care plan. Reviews were planned regularly and involved people and their relatives where appropriate. That ensured people were closely involved in their care and care planning process.
• Information about advocacy was provided for people. Advocates can offer independent guidance and support for people who were unable to make decisions for themselves. Advocates can act on behalf of people who may not have a family member to act on their behalf.

Respecting and promoting people's privacy, dignity and independence
• People confirmed staff respected their privacy and dignity. One person said, "I am quite happy with the staff [recognising] my privacy." Another person said, "I am independent because I can do it [care for myself] they let me do it."
• People were encouraged to remain independent wherever possible. One person said, "I make all my own meals, the staff get me a snack now and again and pop in in an afternoon to make sure I have a drink." Care plans contained information for staff to follow that promoted people's independence.
• People's care records were kept secure which ensured people's confidentiality was respected.
• The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation (GDPR). This is a legal

framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. GDPR training had been delivered to staff to ensure awareness of their requirements to comply with this law.

Good

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. 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
• People received support from staff in the way they preferred, which considered people's likes, dislikes and personal preferences. Most people agreed there was a care plan at their home. However, one person told us they had not seen their care plan to refer too. We spoke with the registered manager who agreed to discuss people's care plans with them, make any changes necessary and ensure people had a copy. A person said to us, "It [the service] is effective in delivering a good service, and reactive to the care I need."
• People were encouraged to continue contact with their community activities which met people's individual cultural needs.
• People's care plans were reviewed regularly and most had alterations made when their needs changed.
• Most people told us they were aware of the content of their care plan and had agreed to the care and support within the plan. However, one person told us it had been some time since they last saw or spoke with staff about their care plan. We mentioned this to the registered manager who said they would speak with all the people to ensure they were happy with the care plans content and would ensure they covered all the people's needs.

Meeting people's communication needs
• People's communication needs were detailed in their care plans, and staff knew how to communicate effectively with people. For example: the use of Makaton (Language using signs and symbols to help people communicate) and communication devices.
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.

Improving care quality in response to complaints or concerns
• The provider had a complaints policy and procedure in place. There have been no complaints made to Ashlands Mews. The registered manager described how they would respond to complaints made about the service.
• We asked people if they felt comfortable raising a concern or complaint. One person said, "Yes, I know the staff well and they would tell [manager] if they didn't I would tell them."
• We viewed the compliments file which contained a number of 'thank you' cards. This indicated people were happy with the service Ashlands Mews provided.

End of life care and support
• End of life care and support was currently provided to all staff through their training induction. Further

specialised training was provided for staff where a specific need arose. That ensured staff were fully aware of the care required to ensure people's comfort at this emotive and stressful time. To date staff had not been required to provide that type of care.

• We saw evidence in care plans that people had considered their life's end and had included relatives within their planning.

Requires Improvement

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 deteriorated to Requires Improvement. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager was not regularly involved in the day to day running of the service. That resulted in quality assurance not being embedded in the day to day running of the service or procedures staff undertook in caring for people, for example the updating of care plans and risk assessments.
• The provider and registered manager were aware of the legal requirement that the latest CQC inspection report was displayed at the service and online when a rating had been given.
• Staff had a clear understanding of their role and the high standards set by the provider for them to provide good quality care and support at all times.

Continuous learning and improving care
• The provider placed a strong emphasis on continuous learning and improvement. Quality assurance processes were not used consistently to enable the provider to accurately assess where the quality of the service required improvement.
• The provider recognised that sharing opportunities with people who used the service and their relatives or supporters was another way of obtaining feedback as to how the business could improve.
• Team meetings were organised regularly and the provider stated topics for discussion were sourced from people using the service and staff interaction at meetings.

Working in partnership with others
• The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development.
• We found the provider had forged links with staff from the multiple sclerosis society (MS), as well as speech and language therapists (SALT). They specialised in providing guidance for people with swallowing difficulties, and advised staff on the consistency of people's food and fluid intake.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• There was some evidence of good quality care and support offered to people who used the service, however not all the care plans were fully inclusive of the latest information about people's care and support needs.
• The registered manager was aware of their duty to inform where appropriate people's relatives, stakeholders and the Care Quality Commission of accidents and incidents.

• People we spoke with felt the service was well managed and knew the registered manager and staff. One person said to us, "Things are done completely and to time." A second person said, "They do the best they can under difficult circumstances [due to] local authority cut backs". A staff member said, "[Registered manager] is there if you need anything they are quick to respond."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The service involved people and their families in a meaningful way. People, their relatives where appropriate and staff were encouraged to air their views and concerns. The registered manager told us although they had not had any concerns they would ensure if they did these would be listened to and acted on to help improve and shape the service and culture.
• The registered manager and other's in the management team met with people regularly to seek their feedback. Some people remembered completing quality assurance questionnaires, though none we spoke with could remember having any telephone calls enquiring about the quality of care. The views of people, relatives and staff were all used to help develop and improve the service. Feedback from the last internal survey in 2018 was positive in all areas.
• A thorough staff recruitment process was carried out to ensure that applicants met the provider's requirements and were informed about the complex type of care needs people at Ashlands Mews received.