

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Kirklees is a care home close to the centre of Waltham. The home provides accommodation and personal care for adults of all ages with learning disabilities or autistic spectrum disorder. There is access for people with mobility problems and car parking facilities are available on the premises.

At the last inspection in March 2015 the service was rated Good. At this inspection we found the service remained Good.

This inspection visit took place on 28 and 29 June 2017 and was unannounced.

We spoke with people who lived at the home. They told us they felt safe with the staff that supported them and enjoyed the independence staff encouraged them to be. Over the two days we observed staff providing good support for people in various ways such as preparing to go out on activities and joining in with activities. In addition we observed staff being kind and patient in various ways.

We found recruitment checks were carried out to ensure suitable people were employed to work at Kirklees. There were sufficient staff to meet people's needs on duty at the time of the inspection visit. This was confirmed by talking with staff members, looking at staff rotas and looking at records of staff recruitment. Staff had been appropriately trained and supported. This was confirmed by talking with staff and training records we looked at.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required.

Care plans were in place detailing how people wished to be supported and how their independence would be encouraged. People who received support or where appropriate their relatives/advocates were involved in decisions and consented to their care.

Medication procedures observed were safe and people received their medicines as prescribed. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they were happy with the variety and choice of meals. They also told us if they did not like what was on the menu then they could choose something else. Comments included from people who lived at the home, "I like the food and if I don't then there is always something else." Also, "The cook is very good, lovely meals." We saw regular snacks and drinks were provided between meals during the day to ensure

people received adequate nutrition and hydration.

People had access to healthcare professionals and their healthcare needs were met.

People who lived at the home told us staff and the registered manager had a caring and supportive manner. Comments from people who lived at Kirklees included, "Lovely, caring and nice people, all of them."

The registered manager had a complaints procedure which was made available to people on their admission to the home and their relatives. No complaints had been received. People who lived at the home told us they were aware of who to talk with if they had any concerns.

Activities were organised throughout the home and out in the local community. People were encouraged to be as independent as possible and were supported to follow their chosen hobbies and interests. A display board using pictures provided people with information of what activities were arranged daily. One person who lived at the home said, "[Entertainer] is great always look forward to her coming."

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff and 'resident' meetings to seek their views about the service provided and their opinions to improve the home.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities that were on offer in the local community and at Kirklees.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted upon.

Is the service well-led?

Good ●

The service remains Good.

Kirklees

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the 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 inspection visit took place on 28 and 29 June 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

We spoke with a range of people about the service. They included six people who lived at the home, the registered manager, deputy manager and five staff members. Prior to our inspection visit we contacted the commissioning department at the local council. We did not receive any information of concern about the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We looked at care records of two people who lived at the home, staff training and recruitment records and arrangements for meal provision. In addition we looked at staffing levels and records relating to the management of the home. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We spoke with people who lived at the home and asked them if they felt safe and secure living at Kirklees. Comments from people were all positive and included, "I go out a lot on my own. And it's nice to come back to a lovely safe place to live." Also, "I am only here for a while but yes I do feel safe because the people are so nice and caring. They are always looking out for you."

Two care records of people who lived at the home we looked at contained relevant risk assessments to the individual, to identify potential risk of accidents and harm that may occur. For example people were going out in the community independently. Risk assessments were in place to keep people safe. Any potential risk was identified and what action staff should take to ensure the person was safe.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff told us they had received training and were confident in the process to follow should they witness any form of abuse. Two staff members were able to talk through the procedure to ensure people were protected and their concerns raised.

The registered manager monitored and regularly assessed staffing levels to ensure sufficient care staff were available to provide support people needed. The registered manager told us they would assess if more staff were required when occupancy levels rose or the needs of people who lived at the home changed. Staff we spoke with were happy with the amount of staff on duty. On the days of the inspection visit one to one staff support had been provided for two people who lived at the home. One staff member said, "We have good staffing levels here to make sure residents are supported to do what they choose. As you can see we have one to one support when needed."

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records of people who lived at Kirklees. Two records we looked at showed medication had been signed for by staff at the correct date and time. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time.

We had a walk around the building and found the premises were clean, tidy and maintained. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. For example we saw when staff went in and out of the kitchen area aprons were used. Hand sanitising gel and hand washing facilities were available around the building and were in operation. Kirklees employed designated staff for cleaning of the premises who worked to cleaning schedules. One person who lived at the home said, "It is always clean and if you see my room it is spotless. That is because I do it as well."

We looked at documentation and found equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and was safe for use.

Is the service effective?

Our findings

By talking with staff, people who lived at the home and documentation looked at, people received effective care because they were supported by an experienced, established and trained staff. One staff member we spoke with said, "Most of us have been here for years and we have good knowledge of what each individual resident needs are and that helps a lot."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in Kirklees made sure people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice. The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one.

Kirklees had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. One staff member said, "We keep a tight ship as far as cleaning the kitchen area goes."

People told us they had choices of meals and there were always alternatives if they didn't want what was on offer. We confirmed this by our observations at teatime and lunchtime the following day. Care records we looked at described people's food preferences and any allergies. Staff were aware of people's cultural and health needs in relation to their diet. The cook recently had developed a four week rotating menu for use at the home. However with the number of people living at Kirklees at the present time people had what they chose to eat, or what was on the menu. One person who lived at the home said, "I like the food and if I don't then there is always something else." Also, "The cook is very good, lovely meals." We only received positive comments about the quality of food at the home.

People's healthcare needs were monitored and discussed with the person. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals such as clinical psychologists. Records in care plans we looked at were informative and had documented the reason for the visit and what the outcome was.

We looked around the building and grounds and found they were appropriate for the care and support provided. The garden area was on two levels with suitable areas for the use of people who lived at the home. One person who lived at the home said, "I love the garden in summer and the barbeques."

There was a lift that serviced the home and was used by people who lived at Kirklees. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility

problems.

Is the service caring?

Our findings

When we arrived in the afternoon of 28 June 2017, we observed many instances where staff respected people's privacy and promoted people's independence. For example one staff member was talking with a person who was going out on their own. The staff member discussed with them where they were going and what time they anticipated they would be back. They showed a caring attitude by making sure the person was appropriately dressed as the weather was poor. The person who lived at the home said, "They are so caring and make sure I had my coat and always ask if I had a good time." Other examples of staff respecting people's privacy was by knocking on doors and waiting for a response before entering people's bedrooms. They also called out their name to ensure people knew who was at the door.

People who lived at the home we spoke with all said positive comments about the caring and kind attitude of staff. Comments included, "Lovely caring and nice people, all of them." Also, "I suppose they have to be patient and they certainly are. The place is relaxed and that is because everyone is so kind and caring towards everyone." Also we looked at relative comments that had been sent in which were positive and included, 'Staff are so caring and professional.'

Staff had a good understanding of protecting and respecting people's human rights. We were told training was provided in this area. The registered manager and deputy manager were able to describe the importance of promoting each individual's uniqueness. We found there was a sensitive and caring approach practiced by everyone at Kirklees. They treated each person who lived at the home as an individual. One staff member we spoke with said, "Everyone is different and here we appreciate that and treat people as so."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information available for people and their relatives. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed. We found in care records we looked at one person who lived at the home had used the advocacy service to support them.

In care records we looked at people's end of life wishes had been recorded so staff were aware of these. We were told people had been supported to remain in the home where possible. People who lived at the home had signed documents that gave instructions for staff and families to follow in the event of their death.

Is the service responsive?

Our findings

People who lived at the home told us they felt the registered manager and staff were responsive and met their needs with an individual approach and promoted their independence. For example one person who lived at the home said, "I go out quite a lot on my own and enjoy it the staff make sure I am alright and encourage me to do what I want to." Another person said, "They know me well and when I am not so good."

We looked at care records of two people to see if their needs had been assessed and consistently met. They had been developed where possible with each person, identifying what support they required in terms of personal care, mental health and social needs. There was evidence of people being involved in their own care plan by signing they agreed to the support provided.

Care records we looked at enabled us to identify how staff supported people with their daily routines and support plan needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. Care plans were person centred and developed around the individual to promote their choices and live an independent life as possible. For example one person enjoyed a wide range of outside community activities. This was documented in their care plan of when they wanted to attend an event and what support was required. We spoke with the person who lived at the home who said, "I go out with [staff members] a lot and enjoy football." A staff member said, "We treat everyone as an individual and promote their independence to choose what they like to do and help them achieve that."

We talked with people who lived at Kirklees about social events in the community and activities that went on in the home. People who lived at the home told us they were encouraged to participate in a range of activities that had been arranged and follow their chosen hobbies. Entertainers were arranged at the home and on the second day of the inspection a person was in the home and people joined in sing-along sessions with them. One person who lived at the home said, "[Entertainer] is great always look forward to her coming."

There was lots of support for people who lived at Kirklees to follow their interests in the community and go out independently. This demonstrated the registered manager and staff encouraged and promoted their independence by supporting people with their hobbies and interests. For example people attended a local resource centre, 'Cromwell Road'. This is where they would join in with reading in their library or the activity of the day with other people with a learning disability. One person who lived at the home said, "I go regularly and love it." Trips out were arranged on a regular basis to for example a pottery centre and local shops. People also told us they had a holiday every year and last year went to Scarborough. One person who lived at the home said, "We haven't chosen yet where we are going but we will do."

On the first day of the inspection there was a 'drum night' arranged and conversation with three people who lived at Kirklees informed us they were looking forward to the event. A drum night was for people to play the drums and provide music. One person who lived at the home said, "It's a great night I do enjoy it." There were lots of trips and events planned for people. We confirmed this by talking with staff, people who lived at the home and notices pinned up around the home informing people of up and coming events. One staff

member said, "Yesterday we had sunglasses day where residents brought in sunglasses and decorated them up. It went really well. We saw some on display around the home.

We found there was a complaints procedure in place which described the investigation process and responses people could expect if they made a complaint. The complaints procedure was displayed on the wall in the reception of the home. There had been no complaints recorded in the last 12 months.

Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

Is the service well-led?

Our findings

There was a registered manager in place. 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.

The home had clear lines of responsibility and accountability with a structured management team in place. This consisted of a registered manager and deputy manager with support from the organisation. They were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager, and people who lived at the home confirmed they were clear about their role and provided a well-run and consistent service. For example one person who lived at the home said, "Right, there is [registered manager] and then [deputy manager] I know who is in charge and they run the place very well I must say." A staff member added, "The management have been here for years and run a lovely home so well for the good of the residents."

We looked at minutes of staff and 'resident' meetings that were held on a regular basis. People we spoke with confirmed they attended meetings held at the home. A recent 'residents' meeting put forward suggestions for more choices in the menus. We followed that through to the June 2017 meeting and found recorded action had been taken. For example more choices were in place. We spoke with the registered manager and cook who confirmed they were developing a four week rotating menu. A person who lived at the home said, "Yes they do take notice at the meetings."

Staff and 'resident' surveys were completed for 2017. Results were positive and the registered manager told us they were analysed and any issues found by the results would be acted upon. One comment received from the staff survey suggested some redecoration and new furnishings were required. This was agreed and a programme of redecoration was in place with some new furnishings purchased. Also comment cards returned from relatives spoke positively about the service one said, 'The management are welcoming and helpful.'

The registered manager had procedures in place to monitor the quality of service provided. Regular audits had been completed. These included Infection control and medication audits. We found an Infection control audit had found some cleaning issues in relation to bedroom curtain and blinds. This was documented and action taken to add the cleaning tasks to the written schedule followed by domestic staff. The registered manager told us audits were an important part of their quality assurance systems. This was so they could continue to monitor and improve the service they provided for people.

The registered manager told us they were in contact with other health and social care organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. They worked with for example Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.