

Prime Life Limited

Kirklees

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
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Is the service safe?	Requires Improvement ●
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Is the service well-led?	Requires Improvement ●
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Summary of findings

Overall summary

About the service

Kirklees is a residential care home providing accommodation and personal care for up to 21 younger adults, older adults who may be living with a learning disability, autistic spectrum disorder, and dementia. At the time of our inspection there were 16 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Medicine practices were not always in line with best practice guidelines.

People were not supported to have maximum choice and control of their lives, staff did not support them in the least restrictive way possible and in their best interests; policies and systems in the service did not support this practice. Staff did not always follow the Mental Capacity Act key principles when making best interest decisions. We have made a recommendation about this.

People felt staff provided safe care, and systems were in place to report concerns. Staff had been safely recruited and had received training on how to recognise and report abuse and staff knew how to apply it.

Right Care:

The provider had systems in place to report and respond to accidents and incidents. However, not all accidents, incidents or safeguarding concerns had been explored to identify any potential themes, trends or lessons learnt.

People were regularly asked their views on the service provided and action had been taken when suggestions were made.

People were supported to have access to healthcare services to monitor and maintain their health and well-being. We observed kind and caring interactions between people and staff during the inspection.

Right Culture:

There was a lack of effective monitoring in place, and this had resulted in poor outcomes for people using the service. Quality monitoring systems had failed to pick up and address the issues we identified during our inspection.

There was a positive culture within the service. Staff interactions with people were kind and compassionate. Staff knew people well and were responsive to their needs. People and their relatives were involved in their care.

Following our visit to the service, we asked the provider to send us an improvement plan which detailed the actions they had taken/were going to take in relation to the issues identified during our inspection.

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

Rating at last inspection and update

The last rating for this service was good (published 2 August 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service and when the service was last inspected.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to medicine management and good governance at this inspection. We have also made a recommendation in relation to consent and person-centred support.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Kirklees

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kirkless is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kirkless is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 December 2023 and ended on 18 December 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 3 relatives about their experience of the care provided. We spoke with 7 members of staff including the regional manager, registered manager and care workers.

We reviewed a range of records. This included 5 people's care records and 8 medication administration records. We inspected 3 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Using medicines safely

- Systems and processes were not in place to ensure the safe management of medicines.
- We checked the quantities and stocks for people and found balances to be incorrect. This meant we could not be assured that medicines had been given as signed for by staff on the medicine's administration record.
- One person was supported to administer their medicines themselves (self-administration), there was no risk assessment in place to ensure this could be done safely. Staff did not complete medicine administration records to ensure that they accurately reflected when these medicines had been taken. We checked the stock balances of these medicines and found them to be incorrect, including one antipsychotic medication.
- Instructions for medicines which should be given at specific times were not available.
- Some medicine records were not updated or in place where additional safety considerations were needed. For example, individual risk assessments for paraffin based products.
- Temperature records to ensure the safe storage of medicines were not always completed in accordance with national guidance.
- There was no system in place to record medicines related incidents or errors.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Mental capacity assessments were generally completed appropriately. However we found some capacity assessments and best interest decisions were not detailed with how the person was supported in the least restrictive way. The registered manager was in the process of updating these.

We recommend the provider works in line with the principles of The Mental Capacity Act 2005 to ensure robust mental capacity assessments are in place and include multidisciplinary involvement.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to assess risks to people, but records were not consistently accurate or up to date. The registered manager gave assurances this would be addressed immediately.
- Staff understood how people required support to reduce the risk of avoidable harm.
- Regular checks of the environment were completed to make sure it was safe. For example, a competent person checked the fire panel, fire exits, security and water temperatures to minimise risks to people. There was an ongoing programme of servicing, repairs, and maintenance.
- Accidents and incidents were documented, and there was a system in place to review and complete follow up actions. However, this was not always completed and effective in exploring any potential themes, trends or lessons learnt.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the service. Comments included, "The best thing about being here is feeling safe."
- People were supported by staff who had been trained to recognise and report any safeguarding concerns. Staff said, "Knowing the people and understanding subtle changes is key to keeping people safe."
- The registered manager understood their responsibility to address any safeguarding issues and worked in conjunction with the local authority to help keep people safe.

Staffing and recruitment

- Recruitment checks were completed to help make sure suitable staff were employed. There remained some minor gaps in records, and we signposted the provider to relevant guidance to further develop and improve their approach to recruitment.
- The provider monitored and made sure sufficient staff were deployed to safely support people. Staffing levels changed based on the number and needs of the people using the service.
- The registered manager covered gaps in the rota if needed and was in the process of recruiting more staff.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the care home required refurbishment to enable more effective cleaning.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

People were supported to have visits from friends and family in line with government guidance.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the 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; Continuous learning and improving care

- Audits and monitoring arrangements were in place for a range of areas including, care plans, medicines and health and safety. However, these were not always effective in monitoring the quality and safety of the service. For example, medicine audits did not always identify the concerns we identified during inspection.
- Where improvements to the service had been identified through quality auditing, action was not always taken in a timely way. For example, actions plans were not always revisited and signed off.
- Themes, trends and lessons learnt were not identified through systems currently in place.
- Documentation including care plans and risk assessments were not robust and provided inconsistent information. For example, skin integrity monitoring charts were not consistently completed, and there was no information to confirm what action staff had taken when the chart was not completed.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were generally happy with the support they received. People told us, "It is the best place to be to ensure proper care." However, some people said they were bored and would like more opportunities to go out.
- People were well supported in terms of their personal care and health requirements, but did not always have clear short-term and long term goals which looked to enhance their quality of life and independence.

We recommend the provider continues to review their approach to person centred support and achieving good outcomes in-line with current guidance.

- Staff told us they enjoyed working at the home. One staff member commented, "Kirklees is lovely, it's more like a home, the teams work well together and [registered manager] goes above and beyond to support you."
- Management were visible, approachable and took a genuine interest in what people, staff, family, and other professionals had to say. Staff felt able to raise concerns with managers without fear of what might happen as a result.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to gather feedback from people, relatives, and staff. Relatives told us, "I engage with them and they engage with me -it's a win, win." However, service user feedback forms required adaptations to ensure inclusivity. The registered manager gave assurances this would be addressed.
- Meetings with people using the service continued to take place. Topics discussed ranged from menu planning to activity suggestions. This promoted inclusion within the service
- Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Working in partnership with others

- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.
- People benefitted from partnership working with other local health professionals. For example, GPs and a range of therapists.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines. 12(2) (c)(f)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. 17 (1) (2) (a)(b)(c)(f)