

# Community Integrated Care Prudhoe House

## Inspection report

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### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

### Overall summary

The inspection took place on 21 January 2015. This was an unannounced inspection and was the first inspection since the provider registered in July 2013.

Prudhoe House provides residential care, with no nursing provision, for up to five people with learning disabilities. At the time of our inspection there were four people living at the home.

The service had a registered manager 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.

Safe management of medicines was always followed; people told us they received the correct medicines from staff. Relatives told us there had been no issues with medicines. Risk assessments were always completed.

People told us they felt safe at the service and protected by the staff. Staff were aware of their personal responsibilities to report any incidents of potential or

# Summary of findings

actual abuse to the registered manager. People told us there were enough staff at the service to support them and we confirmed this through records. We found emergency procedures, including fire safety were monitored and staff knew what to do in an emergency. Accidents and incidents were recorded and monitored to identify any trends.

People told us they were happy with the food and refreshments available to them. We found staff were adequately trained and received induction, supervision and appraisal from the registered manager.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decisions. The registered manager was in discussion with the local authority in regard to one person's capacity.

People told us staff cared for them. Staff spoke with people in a caring and kind manner and treated them as individuals with respect and dignity. People's care needs were detailed, recorded and reviewed by staff with input from people, their families and healthcare professionals.

People had choices and were able to participate in a wide range of activities. Staff encouraged and supported everyone to maintain social and family links. People and their relatives told us they knew how to complain and would be able to if necessary.

We found robust audits and checks in place to support the registered manager monitor the quality of the home.

Staff told us they felt supported by their colleagues and the registered manager.

# Summary of findings

## 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 safe.

The premises was well maintained with good standards of cleanliness in place

Risks to people were identified and managed appropriately and staff followed safe practices in the management of medicines.

Staff were aware of their safeguarding responsibilities and knew what to do if they had any concerns. All accidents and incidents were recorded and monitored.

Good



### Is the service effective?

The service was effective.

There were induction and training opportunities for staff and staff told us they were supported by their line manager.

The registered manager and staff had a good understanding of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

Meal times were organised around people's activities and at a time that suited them. A range of suitable food and refreshments were available throughout the day.

Good



### Is the service caring?

The service was caring.

Information was accessible to people in a manner which enabled them to make day to day decisions about their care.

People were treated with dignity and compassion. We saw people being treated as individuals in a caring and respectful manner.

People and their relatives felt involved in the service and how it operated.

Good



### Is the service responsive?

The service was responsive.

People participated in a range of activities and told us they were able to make choices about how their care was delivered. People and relatives told us staff encouraged them to maintain family bonds.

Care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed.

People and their relatives told us they knew how to complain if that was required.

Good



### Is the service well-led?

The service was well-led.

Audits and quality checks were robust and monitored by the regional manager and provider.

Good



## Summary of findings

Relatives told us they had confidence in the registered manager, regional manager and the staff team and felt included in helping to maintain the quality of the service by being asked their views.

Staff felt supported and were positive about the working relationship the team had with each other.

# Prudhoe House

## 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 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 took place on 21 January 2015 and was unannounced. The inspection was carried out by one adult social care inspector.

Before we visited, we reviewed information we held about the home, including the notifications we had received from the provider concerning any accidents or incidents that had occurred. We also contacted the local authority commissioners for the service, the local Healthwatch, the local safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. Where organisations responded we did not receive any information of concern.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We met with all four people who used the service although only one person was able to communicate their views. We spoke with three family members after the inspection to get their opinions of the home. We also spoke with the registered manager and five other members of care staff. We contacted three healthcare professionals to ask for their views of the service but were only able to speak with two of them.

We observed how staff interacted with people and looked at a range of care records which included the care records for three of the four people who used the service, medicine records for two people and personnel records for four out of the eleven permanent staff. We also looked at four weeks of duty rotas, maintenance records, health and safety records, menus, all quality assurance records and a range of the provider's policy documents.

After the inspection we asked the registered manager to send us a copy of their medicine procedures and other supporting documents which they did within the agreed timescales.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe. One person smiled when we asked how safe they felt. They told us, "Very safe." When we asked relatives they were extremely complimentary about the service. One relative told us, "I am confident about [person's name] safety, the staff are so nice I am sure no harm would come to anyone living there." Another relative told us, "Safe, I should say so. I would have something to say if I thought otherwise." Healthcare professionals we spoke with had no concerns about people's safety.

When we spoke with staff, they had a good understanding of safeguarding procedures which included how to protect people from harm. Staff also confirmed their training in this subject was up to date and we were able to check that through staffing records. The provider had safeguarding and whistleblowing policies and procedures in place and staff were able to show us where these were kept and how to access the information. One staff member told us, "The people who live here are very safe, they mean a lot to me and everyone else." Staff told us there had been no safeguarding concerns and this was confirmed by the records we checked. Another staff member told us, "I would not hesitate to report anything of concern." That meant people were protected from harm by trained staff who knew how to raise concerns if the need ever arose.

We saw risks had been assessed, both for individuals living at the service and for general tasks or hazards. We noted that care records included detailed risk assessments to ensure the safety of people, staff and visitors at the home.

On the day of the inspection, tests were being carried out on portable appliances (PAT). We also saw fire systems and equipment checks were up to date. We saw an emergency planning file with details of what staff should do in emergency situations, for example; a death, violent situations, or if a person went missing. When we spoke with staff, they were confident about where to look for guidance and how to implement it. There were suitable fire emergency procedures in place, including an up to date fire risk assessment. Staff completed regular fire drills and we saw equipment was suitably maintained. Each person had an evacuation plan to support them to leave the building should an emergency arise.

We found the premises were well maintained, clean and tidy throughout. Staff told us they had a system in place to clean and complete laundry duties. One staff member told us, "We work hard to keep the place looking like this, it's not easy but we care about the people who live here." And "I would not want to live somewhere dirty."

Accidents and incidents were recorded and monitored by the registered manager. An analysis of these events was recorded electronically so both the registered manager and the provider could monitor any trends occurring. We saw where there had been previous accidents or incidents, the provider had taken steps to decrease or remove the likelihood of it happening again. Staff told us they had implemented additional precautions and support for one person who was at risk of falls and we were able to see the measures taken and the risk assessments in place. That meant the provider responded positively in making any necessary changes to protect people from potential risk.

One staff member told us all of the staff who worked at the service were local to the area. They said, "It's good because if the weather is bad no one has any excuse not to get here." The registered manager told us they had a system to assess people's needs and dependency levels which was used to devise the staffing rota. We saw sufficient staff on duty to meet the needs of people at the home. The registered manager told us they had a number of bank staff which were used during times of sickness or staff absence. They said, "We have regular bank staff who we can call upon." We met one of the bank staff during the inspection and they confirmed they were deployed when staff were on holiday or absent.

There were systems in place to ensure that new staff were suitable to care for and support vulnerable adults. We viewed the recruitment records of four staff, including those recently employed. We found the provider had requested and received references, including one from their most recent employment. We saw application forms and notes from the interview process. A disclosure and barring service (DBS) check had been carried out before confirming any staff appointments. We saw where there had been any disciplinary issues; these had been dealt with effectively. The registered manager told us they were currently recruiting to replace a retired staff member.

We viewed medicine administration records (MAR) for two people at the home. We found the records to be complete with no gaps and all medicines were available for people to

## Is the service safe?

take. Where medicine was not given, a reason was recorded. Medicines were stored safely and securely in locked cabinets within people's bedrooms and temperature checks were taken and monitored to ensure medicines remained effective. Damaged or unused medicine was recorded and returned to the pharmacist safely.

The service had the use of a vehicle to transport people and we found staff had been checked to ensure they were competent and suitably experienced to do this safely. The

registered manager told us not all staff were able to drive the vehicle. They also told us each potential driver was given a full induction to the vehicle before they were allowed to transport people at the service as well as the checks on their driving licence. We saw that once checks had been completed, staff were fully protected under the provider's motor insurance policy. One staff member told us, "There are only a few staff able to drive the vehicle." And "They have to have certain checks done."

# Is the service effective?

## Our findings

People told us they were happy with the meals staff served. One person told us what their favourite food was and said, “I can ask for that [favourite food] if I want any time.” Relatives told us the food served at the service was very good. One relative told us, “Whenever I have seen it, it looks fresh and smells lovely.” We saw people enjoying breakfast and lunch from a selection of available fresh, frozen and tinned foods. We saw there was a menu on display which showed a varied choice of healthy and nutritious meals. We also saw ‘healthy living check’ records which documented food intake for people and this also confirmed a varied choice of nutritious food was available. Staff told us if people did not like a particular food, it was substituted for something they did like. Staff told us, “We know people’s likes and dislikes.” We confirmed people’s preferences to food were detailed in their care records. We saw from care records where people’s weight caused any concern, for example being overweight; care plans had been drawn up to support the person reduce their daily intake. One person confirmed they were trying to lose weight.

People were supported to maintain their healthcare needs. One relative told us staff supported their family member to attend health appointments. We saw from people’s care records they had regular input from a range of health professionals. This included consultants, GPs, district nurses and podiatrists. Relatives told us staff recognised when people’s needs changed. One relative gave us an example of their family member’s changing needs and said, “The staff were great, they knew exactly what to do and who to call.”

People and their relatives told us they thought staff were knowledgeable and skilled to meet people’s needs. One person told us, “The staff are clever; they know how to look after me.” A relative told us, “Those staff are very good, excellent, cannot fault them.” We asked a newly appointed member of staff about their induction. They confirmed the registered manager had followed the provider’s induction procedures and told us they felt much supported by the team. We also spoke with a member of bank staff who explained they had been through a full induction programme, including attending sessions at the provider’s training offices. Staff confirmed they received regular

supervision and we saw records to verify this. Staff appraisals were completed yearly and were due to be completed over the next month. Staff told us their mandatory training was up to date and we confirmed this from the training records we saw. The registered manager told us that if additional training was needed, the provider would support staff to meet their training needs.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). MCA is a law that protects and supports people who do not have the ability to make decisions for themselves and to ensure that decisions are made in their ‘best interests.’ Staff told us that they had completed MCA training. They were able to tell us what MCA was and when it applied to people. We saw from viewing people’s care records that where there were doubts about a person’s capacity a MCA assessment and ‘best interests’ decision had been made. We saw that this decision had been made jointly with staff, a family member and health professionals. The provider acted in accordance with the requirements of the Deprivation of Liberty Safeguards (DoLS). These are safeguards to ensure care does not place unlawful restrictions on people in care homes and hospitals. The registered manager had a good understanding DoLS and was aware of changes in legislation about what constitutes a deprivation of liberty. The registered manager told us they were in discussion with the local authority DoLS team in connection with changes in one person’s care to ensure they were acting in accordance with the law.

Staff told us they would always explain to people before they provided any care or support. They told us some people would not be able to communicate their consent, so care would be provided in the person’s best interests. Staff told us they would know if someone did not want them to provide care by their actions. One staff member told us, “We would know if someone was not happy with us doing something, because we know people here very well.” Staff told us if they knew someone was not happy, they would discuss this with the manager and family to resolve the situation.

The premises had been adapted to fit the needs of the people living there. Doors were wide enough to allow wheelchair access, lift were in use and hoists were available for those people who required that level of support.



# Is the service caring?

## Our findings

People told us there were well cared for. One person told us, "They're kind to me"; "They are lovely to me." And "Oh, they are lovely." They told us staff helped them with their needs and they were fond of all staff working at the home.

All relatives were confident the staff team cared for their family member's very well. Relatives told us that staff ensured people always had freshly laundered clothes and were clean and tidy. One relative told us, "They [staff] go that extra mile and beyond really." Another relative told us, "[Person's name] always tells me they like going home [the service] which means a lot to me knowing they are happy." Another relative told us it felt as though the staff were all handpicked because they were all so caring. They told us, "You know when people are putting on a show for you; these staff genuinely care for the people in that home." They also said, "Very good care, absolutely amazing."

We watched as staff interacted with people. We observed staff had sincere and warm relationships with people and they went about their work showing care and concern. Staff had a good understanding of the needs of the people they cared for. They were able to tell us with ease about the people in their care and any specific needs they had. Relatives confirmed staff knew their relative well and understood their needs. One relative said, "The staff always know how [person's name] is." We saw staff joking with people and people responding positively. A staff member

told us, "People are individuals; we don't treat people as a group." Another staff member told us, "Most people are non-verbal, but they show emotions, laugh or get upset so you know what they like and don't like."

People were supported to maintain their independence. Staff described how they supported people to do as much for themselves as possible rather than them taking over. They said they would offer prompts and encouragement and we witnessed that during the inspection. We saw people who were independently mobile were free to move around the service and were able to sit where they wished. Some people occupying the main lounge area or deciding to sit in the kitchen. There was advocacy information available at the service, but at the time of the inspection no person living at Prudhoe House was using an advocate. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

We saw doors were closed when personal care was given which meant people's dignity and privacy was maintained. One staff member at the service had been designated as the dignity champion. We were told by the registered manager this included attending the local area dignity meetings and ensuring the rest of the staff team were kept up to date with best practice. The registered manager told us the staff member had not been able to attend the last two meetings as they had been cancelled. We noted that best practice was included on staff meeting agenda's and staff knew who the dignity champion was when we asked.

# Is the service responsive?

## Our findings

One person told us they were involved in discussions about how they were supported and cared for by staff. There comments were, “Staff ask me how I am.”; “Staff include me and then write it up.”; “They [staff] never do anything that I don’t know about.”; “They [staff] talk to me.” Relatives confirmed that they were also involved with the care and support delivered to their family member. One relative told us, “I have no qualms about the staff, I am asked for my views and they [staff] take notice.”

We saw from well written care records that people were cared for as individuals. Care plans were tailored to individual need and appropriate levels of care and support had been put in place. We saw care records were regularly reviewed with the person, their relatives and also professionals. Staff were able to describe each person’s needs when we asked them. They were able to tell us how they ensured people remained as safely independent as they could. We saw care plans detailed how staff should support people and one record described how to assist someone with their communication and how to recognise when they were upset. Another record we looked at explained how to support one person with behaviour that challenged.

We observed one newer staff member reading one person’s care record. We asked them if they found the documents easy to read and helpful to them as a new staff member. They told us it helped them understand the needs of people and how staff should support them. They said, “I have found them very useful.”

People told us they had activities and interests to be involved in. We saw two people going out to a day centre which provided a range of activities. One person told us they enjoyed playing bingo and completing jigsaw puzzles. They told us, “I like doing jigsaws.” And “Staff help me if I want them to.” We noted staff had recorded in care records what people liked to do as activities. We saw art and craft work on display in different parts of the home, including the staff office. We were told by staff, the items displayed, were made by people at the home.

One person told us they spent time away from the service on holiday. Staff told us holidays and day trips were organised and taken by people at the service and we saw evidence of this in care records and also from photographs held and on display. We saw a planner that was completed weekly for each person, showing plans and events for the week ahead. One staff member told us one person planned to go to Scotland this year. We were also told that two other people were going to Centre Parcs. People were encouraged to maintain relationships with their families. One relative told us, “The staff bring [person’s name] out to see me especially on special days, like mother’s day and Christmas. I cannot fault them.” And, “They even came during the floods.” The relative confirmed their family member brings ‘friends’ [other people living at the home] with them. They said, “They all have a good time.”

People who were not able to communicate verbally were offered choice in everyday matters such as deciding what to eat or do for the day. One relative told us, “Staff respect people’s choice.” Another relative told us, “[Person’s name] is given lots of choice, the staff are so good.” We saw staff using non-verbal ways of communication with one person to find out if they wanted to go to their bedroom. One member of staff described how another person responded when they were happy and unhappy with a suggestion which enabled them to eventually determine what the person wanted.

There had been no complaints made since the last inspection. When we asked people if they knew how to complain, one person told us they would tell the staff. They told us, “I have nothing to complain about.” And “I would tell [staff name].” We asked relatives if they knew how to complain and they confirmed they would speak to the registered manager or staff team. One relative told us, “I have nothing at all to complain about, they [staff team] are very good.” Another relative told us, “I would know if something was wrong, but have never felt that.” Relatives confirmed they had seen a copy of the complaints procedure and we saw copies available at the home.

# Is the service well-led?

## Our findings

At the time of our inspection there was an established registered manager in place. The registered manager had vast experience of working with people who had learning and physical disabilities and behaviour which challenged the service. They told us, “I have worked here for years and could not see myself elsewhere.”

People and their relatives told us the registered manager and the regional manager were very approachable. One person told us, “[Registered manager’s name] is very nice.” One relative told us the regional manager had been to visit them on a number of occasions when the provider changed. They told us, “Very nice person.” All of the relatives that we spoke with confirmed they had full confidence in the registered manager and her team. From comments made by people, relatives, staff and professionals and from our own observations, we found the service and its staff had an open and honest culture.

We saw that surveys had been completed by people living at the home. Staff had used smiley faces to help people to express their feelings about a particular question. For example, if they liked the service. One person told us they had completed a survey with pictures when we showed them an example. They told us staff asked them what they thought about the home. They said, “I would have put all smiley faces on.” We asked the same person if they felt staff listened to them. They told us they did. We asked relatives about how the registered manager and staff communicated with them and if they felt listened to. They told us they were asked when they visited the home, or staff would ask when they came to see them in their own homes. One person told us, “When the boss came [regional manager] they asked me how I thought things were and wanted my views, they really listened to me.”

Staff meetings had taken place monthly and we saw a range of issues had been discussed, including choice of food for people, workforce, quality of the service and actions from previous meetings. Staff told us that if they did not attend the meeting, minutes were available for them to read and sign and we saw evidence of this. One staff member said, “It’s good to get together to discuss things and help each other.” The registered manager confirmed that the staff team support each other very well.

We saw that where investigations were required to be undertaken by the registered manager, they had been completed with appropriate actions taken. We were told by the registered manager that if they required support, they had no problem in asking for help and advice. They gave us an example of where they had sought advice from the HR (human resource) department. HR normally supports with staffing issues.

There were comprehensive quality assurance audits in place which consisted of a range of monthly and weekly checks to keep people safe and ensure they received good quality care. Monthly audits included checks of people’s weight loss and weight gain, quality of care plans and risk assessments, accidents and health and safety related checks. We saw that findings from the audits were analysed and used to improve the quality of care that people received. For example, referrals had been made to health professionals, such as dieticians and the falls team, for people who had been identified as at risk. Medicine was also checked regularly to ensure prescribed medicine was available, stored safely and administered correctly. We also saw evidence of service quality checks made by the regional manager who checked, for example; the quality of care for people living at the home, the premises, procedures and staffing.