

Prime Life Limited

The Mount

Inspection report

Palmer Lane
Barrow Upon Humber
South Humberside
DN19 7BS

Tel: 01469532897
Website: www.prime-life.co.uk

Date of inspection visit:
23 June 2017

Date of publication:
04 August 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 23 June 2017 and was unannounced.

The Mount is registered with CQC to provide care and accommodation for a maximum of 19 people who have a learning disability. Local facilities and amenities are within walking distance. The main house is on two floors. There are also two separate bungalows, one for multiple occupancy and one for single occupancy, in which people who are less dependent on staff for support live. At the last comprehensive inspection on 6 & 7 October 2014 the service was rated overall as good.

At this inspection visit there were 17 people living at the service.

At this inspection we found the service remained good.

People we spoke with said staff were kind and caring and they felt safe at The Mount.

There were procedures in place to protect people from abuse and unsafe care. Staff were familiar with these and had received training in safeguarding adults. We saw risk assessments were in place which provided guidance for staff. These measures minimised risks to people.

The registered manager had arranged for people to have increased staffing support. There were sufficient staff available to provide people with personal care and frequent social and leisure activities.

Staff received training to support and care for people. They had the skills, knowledge and experience to provide safe and effective support.

Staff managed medicines safely. Medicines were stored securely, administered as prescribed and disposed of appropriately.

Infection control practice was good and staff had received training in this area.

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.

People told us they were happy with the variety and choice of meals available to them. Staff knew people's food likes, dislikes and any allergies people had.

Care plans were personalised detailing how people wished to be supported. Their consent and agreement were sought before providing care.

People who received support or where appropriate their relatives were involved in making decisions about

their care. Where people were unable to make their own decisions independent advocates were available.

People knew how to raise a concern or to make a complaint. The complaints procedure was available in text and easy read formats. People said they were encouraged to raise any concerns.

Senior staff monitored the support staff provided to people. Audits of care and support records and risk assessments were carried out regularly. People were encouraged to give their views at the regular 'residents' meetings. They and where appropriate their relatives were invited to complete surveys about the quality of their care.

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 remains good.

Is the service well-led?

Good ●

The service remains good.

The Mount

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 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 23 June 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection on 23 June 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We checked to see if any information concerning the care and welfare of people who were supported had been received.

Some people at The Mount had limited verbal communication and were unable to converse with us. However we spoke with nine people who lived at The Mount. We also observed staff interactions with people who lived at the home. We spoke with, the registered manager, a senior manager and five staff members. Prior to our inspection visit we contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building to ensure it was clean, hygienic and a safe place for people to live. We looked at care and medicine records of three people and arrangements for meals. We looked at staff rotas to check staffing levels, looked at staff recruitment, and training records and records related to the management of the home. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

People who spoke with us said they felt safe at The Mount and liked the staff who supported them. They said the care they received was good. One person said, "Of course I am safe here. The staff look after me well." Another person told us, "Safe and sound. I love it here."

The service had procedures to minimise the risk of unsafe care or abuse. Staff were knowledgeable about the actions they needed to take and had received training on safeguarding vulnerable people. Risk assessments were in place to help people to be as independent as possible as well as safe. These included mobility, equipment, activities and managing behaviour that challenged. The risk assessments were clear and informative. Staff were familiar with the risk assessments in place.

We looked at records of accidents and incidents. Staff had recorded information about these and checked for triggers to, or patterns in these. This helped staff review where risks could be reduced while still supporting people to be independent.

We saw call bells were in place in bedrooms and where people needed them in communal areas. They were placed close to people so they were able to call for help when they needed to. People said staff came to them quickly if they called.

People said staff supported them with their medicines safely. Their care and support records identified the support they provided. Records showed staff received medicines training and competency checks to ensure they administered medicines safely. Staff spoken with confirmed this.

People able to speak with us told us they had enough staff to provide personal care and social and leisure activities. Staffing levels were sufficient during the inspection. The registered manager used a dependency staffing tool and altered staffing according to people's needs. We saw from rotas and records that since being appointed, the registered manager had arranged increased support for individuals so staff had more time spent with them. We talked with staff who said they had enough time to support people without rushing. A member of staff said, "There are always enough of us to go out or do different activities with residents."

There was good infection control practice and staff had received training in this. There was a rolling programme of refurbishment. We saw maintenance and repairs were carried out promptly. There was a fire safety policy and procedure, fire safety risk assessment and frequent checks of equipment so the risk of fire was reduced as far as possible. There were also frequent fire drills so people knew what to do in case of a fire.

Is the service effective?

Our findings

People told us they enjoyed the food. One person said, "They [staff] are good at cooking. I like them." People told us they had choices of different meals at each mealtime. A large picture menu showing the day's options was displayed on the wall of the dining room. This helped people decide what meals they wanted each day. Staff recorded the meals and drinks each person chose and how much they ate and drank. We saw care plans described people's food preferences and dislikes and any allergies. Staff were aware of people's cultural and health needs in relation to their diet. All staff were involved in food preparation and cooking and knew each person's likes and dislikes. This knowledge helped them to provide meals that each person enjoyed. Staff said they had received training in food safety and were aware of safe food handling practices. Training records seen confirmed this.

We saw people could be involved in the preparation and clearing away of meals with support. People were also supported to make their own drinks and meals if they wanted to. We saw people had breakfast whenever they chose to get up and mealtimes were relaxed and unhurried. The food was well presented and people said they enjoyed it.

We checked the kitchen and found it was clean and tidy, well organised and stocked with a variety of provisions. Staff had maintained records of food and appliance checks to ensure the effective management of food safety. The Mount had been awarded a rating of five, the top rating following their last inspection by the 'Food Standards Agency'.

We saw staff monitored people's health and supported people to attend healthcare appointments and to remain in the best possible health. People told us staff made prompt referrals for health problems and provided support to attend appointments.

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). Staff demonstrated an understanding of the legislation as laid down by the MCA. Records were in place to indicate that people consented to their care. Care plans included information in relation to the level of the person's capacity and staff had followed the correct processes to ensure people's legal rights were protected. We saw where additional assistance was needed the registered manager arranged for advocacy involvement or specialist independent support.

We saw staff were trained and knew how to support people. Records seen and staff spoken with confirmed they received regular training, supervision and appraisal of their performance. We looked at training records and certificates and spoke with staff. All staff were working towards or had achieved national qualifications in care. Staff told us they were encouraged to complete any training relevant to their role. They said they could ask for additional in-depth training to improve their understanding of specific conditions. This assisted them to provide care that met people's needs. We saw one person had specialist communication needs. All staff were given training in this so they could communicate more effectively with the person and

enrich the person's experience in the home.

Is the service caring?

Our findings

People we spoke with told us staff were good to them, kind and fun. One person said, "I like the staff. They look after me and are my friends." Another person told us, "I wouldn't move anywhere else."

We observed how staff supported people. We saw staff shared warm and friendly relationships with people. Staff were proactive and spent a lot of time interacting with people. We saw people smiling and laughing when they were talking with staff. A member of staff said, "The home is much more about the residents now. It is so much better."

Staff had a good understanding of protecting and respecting people's human rights. They respected people's family and personal relationships and encouraged and supported contact with families and friends. They took people to meet with families so they kept in touch. Staff knew and responded to people's diverse personal, cultural and spiritual needs and treated people with respect and care. People were supported to attend local churches and other places of worship if they wished. The registered manager was confident of the team's ability to support people from different cultural, spiritual and other diverse backgrounds. They were able to show us how they would meet individual needs of people with a range of religious, cultural beliefs or other diverse needs, taking into account people's individual interests and links with different communities.

The human rights act gives a right to individuals to vote. People who lived in The Mount were encouraged to use their right to vote. Staff had arranged for easy read voting information had been given to people to help them decide if they wanted to vote and the candidate they wanted to vote for. Two people told us they enjoyed voting.

People looked cared for. They dressed appropriately to their age, personality and individual choice and were well groomed. We saw staff treated people in a respectful way and were aware of people's individual needs around privacy and dignity. People told us staff were sensitive and discreet when individuals needed personal care. Dignity champions encouraged everyone to focus on respect and dignity. People had made a 'dignity garden' where the plants and other items placed there reminded people to respect each other.

We met one person who before the registered manager was appointed, had not always been able to alert staff to their need for the bathroom when sat in the lounge. They had to rely on others to tell staff. On the inspection we saw they had their own call bell in the lounge so could discreetly ask for assistance, protecting their dignity and privacy. We also saw staff knocked or used other ways of communicating they were there and waited before entering people's bedrooms. One member of staff said, "We are not afraid to speak up for residents to get what they need."

People's end of life wishes were recorded so staff were aware of and where possible met these. The registered manager and staff told us people had the option of staying in the home supported by familiar staff when heading towards the end of life.

We looked at three people's care records. People said they were involved in choosing the things they wanted to do and this was in their care plans. One person said, "I can look at my papers when I want and choose what I want to do." Care plans were personalised and easily accessible to people.

Before our inspection visit we contacted external agencies about the service. They included the health and social care professionals. They had no concerns about the service.

Is the service responsive?

Our findings

People said they received good care that met their needs and wishes, provided meaningful activities and helped them with independence. We saw people were out and about on different activities with staff support as well as involved in tasks and activities in the home. People told us they went for walks, discos, bowling, for meals, swimming, shopping and college courses. People had also tried different volunteering jobs. We saw activities in the home such as arts and crafts, cooking, films, games, gardening and 'residents' meetings. Staff also supported people on holidays in a variety of places. People told us they were good fun. Some people were nervous about police officers so the registered manager arranged for a visit from a local police officer who spent time talking with and getting to know people. This reduced any anxiety they had. There was also a visit from a local independent advocacy organisation to explain their role. One person said, "I enjoyed the advocacy meeting. It was good."

Where people were able to live with less support they were able to live in the two on site bungalows and develop their cooking and other daily living skills. One person had needed to continue their independence & cooking skills and there were no vacancies in the bungalows. The registered manager arranged for a kettle, fridge and microwave to be put in their room so the person could use their room like a bedsit. They also organised for additional staff support to assist them in their independence. The person told us they were happy with this arrangement and said the staff were good. Five people showed us their bedrooms. They were comfortable and personalised to their taste. One person said, "I love my room here."

People said they were able to choose when to get up and go to bed, what to do and daily living, social and leisure activities they wanted to be involved in. One person told us, "We had a 'European tour' week where we had different meals and things to do from other countries. It was fun." People told us staff listened to them and responded quickly to requests or ideas they had. A member of staff said, "There is lots more going on since [registered manager] took over. There are loads more activities and fun things for people."

We looked at three people's care and support records. These had been agreed with individuals, and their relatives where appropriate, were personalised and informative and showed staff the way people wanted to be supported. They provided guidance to staff on people's daily routines, personal care and choices. People were involved in regularly reviewing them.

We looked at the complaints information which was in text and in easy read versions to help people understand what to do. People told us they knew how to make a complaint if they were unhappy with their care or had concerns. They said they knew their concerns would be dealt with. There had been minor concerns which had been dealt with promptly and one complaint since our last inspection. This had been dealt with to the complainant's satisfaction. People said staff listened to them and responded quickly to any issues, records of actions from concerns and 'residents' meetings confirmed this. One person told us they had complained and said, "Staff had sorted things straight away. They made it all good." Another person said, "I'm happy here. Everything is alright. I don't need to complain."

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.

People told us the home was well led and the management and staff team were approachable, interested and willing to listen. The registered manager had been the manager of The Mount for approximately eight months. He worked shifts, including weekends and evenings so was familiar with the home routines throughout the day and night. He routinely spent time with and supported people who lived at The Mount. He had regular informal 'chats' as well as more formal meetings with them to seek their views and discuss any possible changes they wanted. He also worked alongside all the staff team and listened to their views. We saw people approached the registered manager in a relaxed, friendly manner and said he was easy to talk to and listened to them. One person said, "He does what he says he will do. He is good."

We found the registered manager had sought the views of people about their care and the service provided by a variety of methods. These included fortnightly 'residents' meetings where residents were developing their skills at chairing 'their' meeting. Also surveys for residents, family and friends, key workers and the staff team. The registered manager also had an open door policy where unless he had a specific meeting or task people could talk to him at any time. One person told us, "Yes I am able to find out what is going on and ask for things."

The home had a clear management structure in place. The management team showed good leadership and encouraged staff to develop skills and knowledge. They were 'hands on' and involved in care and activities on a daily basis. They demonstrated they understood their roles and responsibilities and legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations.

Systems were in place to effectively govern, assess and monitor the quality of the service and the staff. Audits were frequent and wide ranging including among others, care plans, activities, health and safety, medication and infection control. The outcome of audits and checks were documented and any issues found on audits were acted upon promptly.

We saw the management team supervised, supported and encouraged staff to develop their skills and knowledge and provide good care. Staff meetings and supervisions were held to involve and consult staff. Staff told us they were able to contribute towards care practice and development of the service through team meetings, and supervisions. This motivated them to support people in the best possible way. Staff said they found the management team approachable and supportive. A member of staff commented, "I love my job and get great support." Another member of staff said, "[The registered manager] has made really positive changes. We are doing so much more with residents."