

Prime Life Limited

Clarence House & The Granary

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 15 April 2016.

Clarence House and The Granary can provide accommodation and care for 21 people who have a learning disability. There were 19 people living in the service at the time of our inspection. The accommodation is two properties that are linked by a courtyard.

There was 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.

Medicines had not consistently been safely managed. Background checks had not always been completed before new staff were appointed. Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse including financial mistreatment. People had been helped to avoid the risk of accidents and there were enough staff on duty.

Staff had received most of the training and guidance that the registered persons said they needed and they knew how to support people in the right way. People had been assisted to eat and drink enough and they had been supported to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had worked with the relevant local authorities to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the support they wanted to receive and they had been given all of the support they needed, including people who could become distressed. People had been helped to enjoy a wide range of interests and hobbies and there was a system to resolve complaints.

Quality checks had not always ensured that problems in the running of the service were quickly resolved. People had been asked about how they would like to improve their home. Good team work was promoted and staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Medicines were not consistently managed safely.

Background checks had not been completed before new staff were employed.

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been helped to avoid the risk of accidents.

There were enough staff on duty.

Is the service effective?

Good ●

The service was effective.

Staff had received most of the training the registered persons said was necessary for them to complete and they knew how to support people in the right way.

People were helped to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

People were supported to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the assistance they wanted to receive.

Staff had provided people with all the support they needed including people who could become distressed.

People had been supported to enjoy a wide range of hobbies and interests.

There was a system to resolve complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Quality checks had not always ensured that problems in the running of the service were quickly resolved.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

Clarence House & The Granary

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 registered persons were 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We spoke by telephone with three relatives and we corresponded with a health and social care professional. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 15 April 2016. We gave the registered manager a short period of notice before we called to the service. This was because the people who lived in the service had complex needs for support and benefited from knowing that we would be calling. The inspection team consisted of an inspector 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.

During the inspection we spoke with 10 of the people who lived in the service. We also spoke with two senior support workers, four support workers, a housekeeper and the chef. The registered manager was not available to meet with us. We observed support that was provided in communal areas and looked at the support records for four of the people living in the service. In addition, we looked at records that related to how the service was managed including medicines, staffing, training and quality assurance.

Is the service safe?

Our findings

Some of the arrangements for managing medicines were not safe. Although records showed that most medicines had been dispensed correctly we noted that one medicine which should have been dispensed remained in storage. We were told that at the end of each shift senior support workers completed a recorded check to make sure that the correct medicines had been dispensed. However, we found that this system was not working in a reliable way. This was because records showed that the check had not been completed on the day when the person had not received the medicine in question and so the mistake had not been noticed. In turn this had meant that staff were not aware of the need to seek medical advice to ensure that the person was helped to stay well. Although other records indicated that the person had not experienced any adverse effects, the shortfall in medicines management had increased the risk that their health would not be fully promoted.

There were reliable arrangements for ordering, storing and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely.

Some of the arrangements to ensure that new staff could demonstrate their previous good conduct were not robust. We examined records of the background checks that had been completed for two support workers. In both instances we found the information they had given about their employment histories was not complete and there was no evidence to show that this oversight had been addressed during the recruitment process. In addition, we noted that one of the background checks that the registered persons said was necessary had not been completed. These oversights had reduced the registered persons' ability to ensure that only suitable people were employed in the service. However, we noted that no concerns had been raised about the conduct of either member of staff and we were told that steps would promptly be taken to ensure that effective background checks were completed in future.

People said and showed us that they felt safe living in the service. One of them said, "I like the staff and like having them around". Another person who had special communication needs pointed towards a member of staff, smiled and tugged on their sleeve in order to move closer to them. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, "I've never been concerned because I know my family member is safe there. It's not a posh place, indeed it's a bit ramshackle but the staff are genuine and kind."

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

We saw that people were protected from the risk of financial mistreatment. This included staff carefully assisting people to manage their personal spending money by securely holding money for them, recording

each time they spent money and checking that the remaining cash balances were correct. However, we noted that some people had saved relatively large sums of money that were held in an account that was operated by the registered persons. Although this account did not incur any charges, the funds in question did not earn any interest. This arrangement did not fully support the people concerned to manage and benefit from increasing their money in the normal way.

We noted that staff followed a positive approach to risk taking so that people were not unduly limited in the things they could do. An example of this was the way that people received individual support in the kitchen so that they could safely use a normal range of appliances. We also found that staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this was a special sensor mat that a person had agreed to have installed near to their bed. This sounded an alert when the person stepped on it so that staff knew when they got up at night and needed assistance. In addition, we noted that the registered managers had provided staff with written guidance about how to safely assist people should they need to quickly move to another part of the building in the event of an emergency such as a fire. We saw that staff knew what action to take so that the risk of accidents was reduced if it was necessary to assist people to move to a safer place.

Records showed that no significant accidents had occurred in the service during the three months preceding our inspection. We saw that there was a robust system to analyse any mishaps that did occur so that action could be taken to help prevent them from happening again. An example of this involved the arrangements that had been made for a person to see an occupational therapist because they experienced reduced mobility and were at risk of falling. The referral had been made so that expert advice could be obtained about any aids and adaptations that might assist the person and reduce the risk of accidents.

We were told that the registered persons had reviewed the support each person needed, had calculated how many staff were needed and had agreed the necessary funding with the relevant local authorities. We saw that there were enough staff on duty at the time of our inspection. This was because people promptly received all of the support and company they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered managers said was necessary.

People who lived in the service indicated that there were enough staff on duty to meet their needs. An example of this involved a person spending a lot of time with a member of staff who was due to accompany them on a trip to the local park. We saw that the person enjoyed discussing where they were going and what activities they were going to undertake when in the park including feeding the ducks. After the member of staff had provided the relevant information the person smiled and showed that they were happy to put their coat on and get ready to go out. Relatives told us that the service had enough staff and one of them said, "I think there are enough staff around because my family member wouldn't be able to be out and about and doing a lots of things without a good amount of support."

Is the service effective?

Our findings

People and their relatives were confident that staff knew how to provide support in the right way. An example of this was a person with special communication needs pointing to themselves and then to a member of staff and giving a 'thumbs-up' sign. A relative spoke with us about the competencies staff possessed and said, "I'm confident about the staff. When I talk with them I can tell that they know my family member well from what they say about them. They know my family member's little ways as well as I do."

We were told that the registered persons considered that it was necessary for staff to undertake training in key subjects such as first aid and infection control. Records showed that some staff had not received all of the training that had been planned for them and there was no evidence to show that arrangements had been made to rectify this oversight. However, we noted that staff had all of the knowledge and skills they needed. This included being able to respond effectively to the needs of someone who preferred to follow a definite routine when organising their day. We saw how the person was pleased to be supported to do things in a particular order and was reassured by the gentle support they received. Another example we saw involved a member of staff making sure that people who helped in the kitchen correctly used personal protective equipment to promote good standards of hygiene.

We also noted that staff had been encouraged to obtain a nationally recognised qualification in the provision of support in residential settings. Records showed that staff had regularly met with the registered manager to review their work and to plan for their professional development. In addition, we noted that the registered manager and the senior support workers regularly observed the way in which other staff provided support. This was done so that they could give feedback to staff about how well the support they provided was meeting people's needs and wishes.

We observed that staff were supporting people to eat and drink enough to stay well. Records showed that people had been offered the opportunity to have their body weight checked. This had been done to help to identify any significant changes that might need to be referred to a healthcare professional.

We saw that staff consulted with people about the meals they wanted to have. This involved people being assisted to make choices between different dishes by staff using pictures and symbols to indicate the range of meals that could be provided. We saw that staff supported people to be as involved as possible in all stages of preparing meals from shopping, cooking and laying the table to clearing away afterwards. This helped to engage people in taking care of themselves and it contributed to catering being enjoyed as a shared activity. People were positive about the catering arrangements. One of them said, "I like helping in the kitchen and being busy. I like doing stuff and being useful". Another person said, 'The food is sound here and there's plenty of it which suits me. I've no complaints at all about the grub."

Records confirmed that whenever necessary people had been supported to see their doctor, dentist and optician. This had helped to ensure that they received all of the assistance they needed to maintain their good health. In connection with this a relative said, "The staff have always got in touch with me if my family member needs to see their doctor for anything more than a minor matter. I'm satisfied that my family

member gets all of the healthcare they need. "

The senior support workers and staff knew about the Mental Capacity Act 2005. This law is designed to ensure that whenever possible staff support people to make decisions for themselves. We saw examples of staff having assisted people to make their own decisions. This included people being helped to understand why they needed to be supported when out in the community because they needed assistance in order to cross the road safely.

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who know the person and have an interest in their wellbeing. Records showed that staff had supported people who were not able to make important decisions. This included liaising with relatives and health and social care professionals so that they could give advice about which decisions would be in a person's best interests. Records described an example of this when key people had been consulted when it had been necessary for a person to receive medical treatment which involved them having to stay in hospital.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager had ensured that people were fully protected by the DoLS. Records showed that they had applied for the necessary authorisations from the local authority in relation to all of the people who lived in the service. This was because they lacked mental capacity and it was likely that all of them might need to be deprived of their liberty in order to keep them safe. We were told that all of the people concerned could place themselves at risk if they chose to leave the service on their own and so would be actively discouraged from doing so. By applying for the authorisations in question, the registered manager had used reasonable foresight to ensure that only lawful restrictions would be used that respected people's rights if it was necessary to deprive them of their liberty.

Is the service caring?

Our findings

People who lived in the service were positive about the quality of the support they received. We saw a person sitting with a member of staff in the lounge speaking about when the person's relatives were due to visit them. We noted that the person then smiled and was sufficiently reassured to become engaged in a social activity in which they had previously declined to participate. Another person when asked what they liked about their home replied, "Everything really, it's all good." Relatives told us that they were confident the staff were kind and caring. One of them said, "My family member has lived in the service for a long time now and it's very much home to them. I find the staff to be very kind and really it's like being a big family there."

We saw that staff were respectful and treated people in a caring and kind way. Staff took time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. We noted an example of this when a person needed to be supported in a particular way so that they could enjoy a television programme. This involved a member of staff sitting with them in one of the lounges and gently explaining to them the basic rules of the game show that other people were watching and enjoying.

We noted that staff recognised the importance of not intruding into people's private space. We found that most bathroom and toilet doors could be locked when the rooms were in use and we saw that staff knocked on the doors to private areas and waited for permission before entering. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas. We saw that staff had supported people to decorate their bedrooms as they wished and so for example one person had chosen to display numerous photographs of their favourite celebrity singer.

We were told that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that staff were assisting people to keep in touch with relatives by sending presents, birthday and Christmas cards. In addition, we saw that staff regularly assisted some people to visit their relatives by helping them with transport arrangements. Relatives said that they appreciated the way in which staff supported their family members to keep in touch with them. One of them said, "The staff are very good and arrange for my family member to regularly telephone me. I really appreciate it and I know that my family member enjoys speaking to me on the telephone and the staff are always around if they get flustered when speaking."

The registered manager had developed links with local advocacy services. They are independent both of the service and the local authority and can support people to make and communicate their wishes. Although no one needed to have an advocate at the time of our inspection, the arrangements helped to ensure that one could quickly be appointed should they be needed.

We saw that written paper records which contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff. We noted that staff understood the importance of respecting confidential information. An example of this was

the way in which staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We saw that if they needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.

Is the service responsive?

Our findings

We found that staff had consulted with each person about the support they wanted to receive and had recorded the results in their individual support plans. These support plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person being assisted to plan some of the purchases they wanted to make. We saw a member of staff discussing with the person how much money they had, the likely cost of each purchase and which combination of items they would be able to buy.

People showed us that staff were providing them with all of the practical assistance they needed. We saw that this support was carefully provided so that people were gently encouraged to do things for themselves whenever possible. An example of this involved a member of staff tactfully suggesting to a person that they might wish to use the bathroom before they went out into the community. Later on the member of staff explained to us that reminding the person in this way helped to promote their continence and contributed to them being comfortable when enjoying activities in the community.

We found that staff were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person was becoming anxious about the arrangements that were being made for them to move to another residential setting that represented a further step in their journey towards greater independence. A member of staff responded to the person's concern by reminding them where the new service was located and by discussing the benefits they would enjoy as a result of the move. Soon after this event we saw the person smiling and within a few minutes they offered to show us their bedroom and spoke enthusiastically about their future.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. An example of this involved staff being aware of the need to respond to people's spiritual needs that might include supporting them to attend religious ceremonies.

We found that staff had supported people to pursue their interests and hobbies. Records showed and our observations confirmed that each person was being supported to enjoy a range of occupational and social activities that they had chosen. These included assisting in a local day centre that served lunches for older people, having trips out using the service's people carrier vehicle and attending a local social club. On the morning of our inspection a number of people were supported to go shopping. In the afternoon we joined a number of people who were enjoying completing artwork. We noted the session to be very lively with people chatting and laughing as they drew, painted and cut out shapes. Speaking about the next weekend a person said that they were looking forward to going on a trip to Scarborough and to, "Having fish and chips on the way home." Records showed that people had been supported to go away on a summer holiday in 2015 and we were told that another holiday was planned for later in 2016.

People showed us by their confident manner that they would be willing to let staff know if they were not

happy about something. We noted that people had been given a user-friendly complaints procedure that used pictures and signs to explain their right to make a complaint. Relatives said that they had not needed to make a complaint but they were confident that any problem that did arise would be quickly resolved. One of them said, "I've not needed to complain because the care is right in the service. I might have a niggle about something and if I do the staff are helpful and get whatever it is sorted."

We saw that the registered persons had a procedure which helped to ensure that complaints could be quickly and fairly resolved. Records showed that the registered persons had received two formal complaints in the 12 months preceding our inspection both of which had been promptly investigated and resolved.

Is the service well-led?

Our findings

Records showed that the registered manager had regularly completed a number of quality checks that were designed to ensure that people safely received all of the support they needed. However, we found that some of these checks were not being completed in a robust way and so had not clearly identified and quickly resolved the shortfalls we have identified in our report. These included the problems we have noted in relation to the consistent management of medicines, the reliable completion of background checks for new staff, the transparent administration of people's savings and delivery of all planned training for staff.

We were told that the registered persons had made a number of improvements to the accommodation including the installation of a new roof. However, we also noted that quality checks had not effectively identified and resolved a significant number of defects in the accommodation. For example, in one of the toilets there was a patch of plaster hanging off the wall, one of the bathroom/toilets did not have a working lock on the door and one of the showers had mould growing on the mastic sealant near to the base. We also noted that the wooden window frame in one bedroom was rotten and discoloured. In addition, we found that some of the sash mechanisms on windows did not work properly. This problem allowed the heavy weight of the window to abruptly fall shut creating the risk that people would injure their fingers. Although there was a maintenance log that showed other defects had been addressed, none of the above points had been identified as needing repair. Relatives were less positive about the condition of the environment than about the support people received. One of them said, "It's a pity because parts of the building are just plain run down". Another relative commented, "The building in general is tatty. Not all of it by any means but just enough to make it feel a bit run down. It's a shame because the lounges and the bedrooms are really quite nice but the toilets and the bathrooms are in a quite poor condition."

Shortfalls in the systems used to assure the quality of the provision in the service had reduced the registered persons' ability to ensure that people consistently received support that met their needs and wishes.

People said that they were asked for their views about their home as part of everyday life. We saw a lot of examples of this being done. One of these involved a member of staff discussing with two people some of the activities they wanted to enjoy during the forthcoming weekend. We noted how the member of staff pointed out that several different activities needed to be considered including indoor events in case the weather was not good.

We also noted that there were house meetings at which staff supported people to suggest improvements to their home. Records showed that staff had introduced suggested improvements such as organising for a number of people to go to the local cinema to build upon the experience of 'film nights' that were regularly held in the service. Records showed that in addition to this, people had been invited to complete a quality questionnaire so that they could give feedback about how well the service was doing.

People said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the senior support workers talking with people who lived in the service and with staff. We noted that they had a very detailed knowledge of the support each person was receiving and they also

knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We noted that staff were being provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the support they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's needs for support were noted and reviewed. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the senior support workers and by the registered manager. They were confident they could speak to them if they had any concerns about another staff member and were reassured that action would be taken if they raised any concerns about poor practice.

We found that the registered persons had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the registered manager being provided with a 'tool kit'. This document had been prepared by the company who ran the service and was designed to inform staff about a wide range of good practice guidance produced by the Department of Health and other national bodies. We saw a number of examples of this guidance being used in the service an example being the variety of arrangements that had been made to consult with people about the development of their home.