

Prime Life Limited

The Manor 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 ●

Summary of findings

Overall summary

About the service: The Manor House is a care home for people, who may be living with learning disabilities. The home is bigger than most domestic style properties with the addition of five bungalows in the grounds. It was registered for the support of up to 18 people, 16 people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated as the principles of Registering the Right Support were upheld.

People's experience of using this service: The outcomes for people reflected the principles and values of Registering the Right Support in the following ways; people's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People received planned and co-ordinated person-centred care which was appropriate and inclusive for them.

Staff were knowledgeable about safeguarding and were confident to report any concerns. Systems were in place to recruit staff safely. People received their medicines as prescribed.

People were supported with good nutrition and could access appropriate healthcare services. People's wellbeing was monitored and promoted.

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 were involved in planning and reviewing their care and support.

Staff were equipped with relevant skills. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people. Staff encouraged positive risk taking so people could experience new opportunities. This led to people feeling fulfilled and living an active life.

The registered manager and staff team promoted the values of promoting choice and control and independence and inclusion. People were supported to achieve their own goals and be safe. Systems were in place to monitor the quality and safety of the service. The registered manager and staff were keen to drive improvement that would impact positively on people's lives.

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

Rating at last inspection: Good (report published 11 October 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

The Manor House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before we inspected the service, we reviewed information we held about the service, to help inform us about the level of risk for this service. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information is called a Provider Information Return and helps support our inspections. We also contacted the local safeguarding team, commissioners and Healthwatch to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

During the inspection, we reviewed two people's care records and three medication administration records. We also looked at a selection of documentation in relation to the management and running of the service. This included quality assurance audits, complaints, accident and incident records, recruitment information for two members of staff, staff training records and policies and procedures.

We spoke with three people who used the service and one relative. We spoke with four members of staff and

the registered manager.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment.

- Staff were aware of how to recognise abuse and protect people from harm. They felt confident raising any concerns with managers and were aware of the whistle-blowing policy. A member of staff said, "We know people really well. It is a close family atmosphere. We spend a lot of time together, so we would notice if there was a change. For example, if someone became withdrawn."
- People told us they felt safe and supported by members of staff.
- The provider operated a safe recruitment process.
- People received care in a timely way. The registered manager monitored the amount of staff needed based on people's needs and their activities and appointments.

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

- Staff understood how to identify and manage risks to people's health, safety and welfare.
- Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Staff knew how to support people with skill and professionalism when people exhibited distress or anxiety. Risk assessments were personalised and reflected people's individual needs.
- Accidents and incidents were recorded appropriately. The registered manager had oversight of these, so any patterns and trends could be identified to reduce the likelihood or impact of these reoccurring.
- The environment and equipment had been assessed for safety.

Using medicines safely.

- Safe systems were in place to manage people's medicines.
- People received their medicines as prescribed from trained staff.

Preventing and controlling infection.

- Systems were in place to protect people from the spread of infection.
- Personal protective equipment was used by staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- Assessments of people's needs were thorough. People were supported to identify outcomes, goals and aspirations.
- Care and support was reviewed to reflect people's current needs and make changes where needed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- People's bedrooms were personalised. They had chosen their own furniture and decorated them to their choosing. The bungalows in the grounds of the main building provided a more independent living space complete with a lounge, kitchen and bathroom.
- Some areas of the main building had recently undergone repair and redecoration. The registered manager had an ongoing plan in place to continue with redecoration and maintenance to improve the building. People told us they were involved in making decisions about changes.

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. They received an induction and ongoing programme of training.
- Staff received regular supervision to discuss their role and the care they provided.
- Staff told us the training was good, relevant to their role; they felt well supported to deliver good standards of care.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff supported people with their menu planning, shopping and meal preparation. This was carried out in a way which ensured the person developed or used their skills to become or maintain independence and confidence.
- People's choices and independence was promoted. People were supported with healthy eating in creative ways. A person told us, "I am trying to lose some weight. Staff have supported me to plan my meals and do my own shopping. We go to weight watchers together."
- Where people required support from healthcare professionals this was arranged, and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

Ensuring consent to care and treatment in line with law and guidance.

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Applications for DoLS had been made where required.
- Staff had awareness of the MCA and decisions were made in people's best interest where required.
- Staff were aware of the importance of gaining people's consent before providing care and support and involving people in decision making; people confirmed staff did this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care. Respecting and promoting people's privacy, dignity and independence.

- Staff valued the importance of maintaining and developing people's independence and promoted this in as many aspects of people's lives as they could. A member of staff said, "I don't like being called a carer. I'm a support worker because we try to encourage people to be as independent as they can be. We try to help people in their everyday lives."
- People were supported to develop and maintain skills and live their lives as they chose to.
- Staff were committed to providing the best possible care for people. They respected people's privacy and dignity.
- Systems were in place to maintain confidentiality and staff understood the importance of this.

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in their own lives and making decisions about their support. This supported them to grow in confidence and develop their skills. Staff respected people's lifestyle choices.
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care. This included using different methods of communication.
- Staff knew how to support people to access advocacy services if required.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff treated people with kindness and respect. A relative described staff as, "Brilliant, upfront and honest."
- People felt comfortable in their home and had developed close relationships with staff and other residents. A relative told us, "This is not just a service this is [Person's name] home. It's their extended family."
- A member of staff said, "We go the extra mile for people's birthdays even if it is just having a little party. We try to celebrate things as much as we can."
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were supported to live their lives the way they wanted. A relative told us, "Staff make [Person's name] life as fulfilled possible."
- Each person had access to activities of their choice. These included opportunities for work, education and social support so people could live as full a life as possible. Staff were committed to providing ongoing support to facilitate people's independence in these areas. One person told us, "I used to be supported by staff 24 hours a day, but now I only have a few hours of support during the day. I go on my own to town, the gym and college."
- Another person said, "We choose where we want to go on holiday. I went to Butlins last year and I am going to Blackpool this year."
- Staff knew people well including their preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences.
- People were involved in regular reviews of their care to ensure their support reflected their current needs and they could be supported to achieve their chosen goals.
- People's communication needs were assessed and recorded in their care plans. This helped ensure staff understood how best to communicate with each person.
- The registered manager was aware of the Accessible Information Standard. Information was available in easy read versions and pictorial care plans supported people to be involved in their reviews.

Improving care quality in response to complaints or concerns.

- People knew how to feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- The provider had a complaints policy and procedure in place for responding to any complaints. Complaints had been responded to appropriately.

End of life care and support.

- People's preferences had been recorded in their care plans. Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The service involved people in discussions about their care. People and their relatives felt listened to and their views were acted on.
- People were engaged in the running and development of the service. Regular residents' meetings were held and some people participated in staff training sessions. A person told us, "We get asked if we want to do training and can be involved. I have done food hygiene training."
- The registered manager worked closely with other services and professionals to achieve good outcomes for people.
- The registered manager managed another service which they split their time between. Staff told us the management team were always accessible for support, and people were comfortable approaching them. People also had a key worker which provided opportunity for them to share their views and any concerns.
- Staff felt supported by the management team.
- Excellent community links had been developed despite the locations rural setting including the local football club, local charities, community schemes and projects and a nearby country park where people enjoyed volunteering. People had developed links with the local community and accessed public transport, groups and services.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Quality assurance systems were in place to monitor the quality and safety of care provided. However, checks of the environment had not identified one area of risk. We raised this with the registered manager who addressed the issue during the inspection.
- The management team were keen to drive improvement within the service in order to promote outcomes for people. Quality assurance systems were being improved since the introduction of the new registered manager, as well as plans to improve the décor and safety of the premises.
- Champion roles were being developed for staff relating to the following areas; dementia, safeguarding, dignity and infection control. The registered manager also attended groups to promote best practice.
- The registered manager was aware of their regulatory requirements. For example, they knew to notify CQC and other agencies when incidents occurred which affected people's welfare.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The management team had developed a positive culture which was open and transparent and valued the

importance of providing high quality care. Discussions with staff demonstrated they shared the same culture and values.