

Prime Life Limited

Netherlands

Inspection report

Spilsby Road
Horncastle
Lincolnshire
LN9 6AL

Tel: 01507522009
Website: www.prime-life.co.uk

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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:

Netherlands is a care home situated in the town of Horncastle, Lincolnshire. It can accommodate up to 11 people whose needs are associated with learning disabilities. At the time of this inspection seven people were living at Netherlands.

People's experience of using this service:

People were safe and well cared for. They were treated with warmth and respect by staff who understood their needs and how they wanted to live their lives.

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. Their rights were upheld; they were supported to make their own decisions wherever they were able to and to express their views about the services they received.

People were involved in planning and reviewing their care and support wherever they were able to be. Risks to their safety and well-being had been identified and plans put in place to minimise the risks.

People received the healthcare they required and they were supported to stay healthy. They were supported with a balanced diet and activities to help maintain their social and emotional well-being.

There were enough staff, who were well trained and supported, to make sure people received the care and support they needed in a personalised manner.

Systems were in place and used effectively to monitor the quality of the services provided for people who lived at Netherlands. The registered manager and staff maintained an open and inclusive approach to people's care and support.

Rating at last inspection:

Netherlands was last inspected on 14 January 2016 (report published 12 April 2016) and was rated as good overall.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

At this inspection we found the evidence continued to support a rating of good overall.

Follow up:

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

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

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 was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Netherlands

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:

The inspection was carried out by one inspector.

Service and service type:

Netherlands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Netherlands does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered provider employed a manager who was registered with the Care Quality Commission. This means that they and the registered provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Netherlands worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

Notice of inspection:

This inspection was announced. We gave the registered manager a short period of notice because people who live there were often out of the home. We wanted to be sure they were offered the opportunity to

participate in the inspection.

What we did:

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home, what the home does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report.

We reviewed other information that we held about the home such as notifications. These are events that happen in the home that the registered provider is required to tell us about. We considered the last inspection report and we had contact with commissioners who had a contract with the registered provider.

We spoke with six people who lived in the home and observed how staff interacted with them. We also spoke with the registered manager and two of the care staff.

We looked at the care records for three people and we looked around the premises with one person who lived there. We also looked at records in relation to the management of the home such as quality assurance checks, staff training and recruitment records, safeguarding information and accidents and incident information.

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

- People told us they felt safe living at Netherlands and with the staff who supported them. One person said, "[The staff] make me feel safe here; I'm happy here." Another person smiled and said, "Of course I am," when we spoke with them about feeling safe.
- Staff understood how to identify and report any situations where they felt a person may be at risk of abuse and had regular training about the subject to keep their knowledge up to date.
- The registered manager had established a working relationship with the local authority safeguarding team and said they would go to them for advice regarding safeguarding matters wherever necessary.

Assessing risk, safety monitoring and management

- The registered manager and staff had assessed risks to people's health, welfare and safety. They had developed management plans to minimise the potential for harm to occur, which were reviewed regularly.
- Staff demonstrated their awareness of people's risk management plans and followed the guidance in the plans. We saw, for example, staff made sure communal areas were free of obstacles to allow one person who used a walking frame to have free mobility around the home.
- Everyone who lived at Netherlands had a personalised evacuation plan in place to minimise risks in the event they had to leave the building in an emergency. People were aware of the plans and two people demonstrated what they would need to do if, for example, the fire alarm sounded.

Staffing and recruitment

- The registered provider employed enough staff at Netherlands to ensure people's needs were met in a timely way.
- People told us there was always enough staff available to help and support them. One person said, "They're [staff] around all the time."
- On the day of the inspection we saw that staff working times were arranged so that people could be supported with preferred activities and appointments as well as their normal daily routines.
- The registered manager told us that staffing levels would be reviewed if more people moved into Netherlands.
- The registered provider operated a consistent recruitment procedure. Potential new staff were assessed for their suitability to work with people who lived in the home, which included interviews and appropriate pre employment checks such as with the Disclosure and Barring Service (DBS).

Using medicines safely

- Arrangements for the administration of people's medicines were in line with good practice and national guidance.
- People told us, and records confirmed that people received their medicines as prescribed.
- Guidance was in place to show staff how people liked to take their medicines. For example, one person's care plan recorded, "I like to take my tablets with a drink."
- Guidance was also in place to show staff how and when to administer medicines people only required at certain times (known as prn medicines). For example, some people required medicines when they experienced pain. The guidance showed how the person expressed pain and when medicines should be administered. This meant people would receive their medicines in a consistent way.

Preventing and controlling infection

- On the day of the inspection the home was clean and tidy throughout. One person told us how staff helped them to keep their bedroom clean and tidy and they also showed us the newly refurbished laundry area. The refurbishment allowed for an appropriate flow of dirty and clean laundry to help with infection prevention and control.
- Staff had received training about infection prevention and control and demonstrated their understanding of the subject through, for example, the use of personal protective equipment (PPE).

Learning lessons when things go wrong

- The registered provider had systems in place for reviewing accidents and incidents.
- The registered manager showed us how they used the reviews to learn lessons in order to minimise the risk of accidents or incidents happening again in the future.

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

- People had their needs assessed before they moved into Netherlands. These assessments were carried out with others who were important in the person's life, such as family and/or healthcare professionals. There were processes in place to ensure that the assessment process could support people who may need to move into the home in an emergency situation to keep them safe. We saw this had happened on one occasion since we last inspected. The person's admission had been successful and their needs were being met.
- Protected characteristics under the Equalities Act 2010 were identified as part of the assessment. This included people's needs in relation to their culture and religion.
- Staff completed training in equality and diversity principles and demonstrated their understanding of how to support people where any needs or wishes were identified.
- 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).
- There was information in care files about how people expressed their decisions and choices and how staff should support them to do so. Where people were unable to make a clear decision, their care files recorded the best interests decision making processes that took place.
- We checked whether Netherlands 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. Five people were subject to DoLS authorisations and the conditions of the authorisations were being met. The authorisations were regularly reviewed.

Staff support: induction, training, skills and experience

- The registered provider had an induction programme in place for new staff, which included the Care Certificate. This is a set of common induction standards for social care staff.
- Staff records showed that they had completed an induction when they started work at the home. A newer member of staff told us how the induction programme was helping them to develop the skills and knowledge needed to carry out their role.

- The registered manager showed us the most recent training audit which indicated that all staff were up to date with mandatory training and there was a plan in place for the next year's training programme.
- The on-going training programme included courses related to learning disability awareness, falls prevention and diabetes. A member of staff told us, "Training helps with the job and knowing people's needs."
- During the inspection we saw the registered manager made time to carry out informal training sessions for staff. One example we saw was where the registered manager coached a senior carer in completing financial records.
- Staff told us they received regular supervision with the registered manager and felt well supported in their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food they had at Netherlands. One person said, "I can have what I like. I've put on weight since I've been here because I enjoy the food."
- People also told us they helped prepare menus so that their choices and preferences could be reflected.
- People's dietary needs and preferences were recorded in their care records. We saw staff used nationally recognised tools to monitor people's nutritional needs and weight. Records also showed that staff referred people for specialist nutritional advice when they identified any issues.
- We saw hot and cold drinks were freely available for people. Staff demonstrated a clear understanding of people's preferences for food and drinks and offered choices accordingly.

Adapting service, design, decoration to meet people's needs

- People who lived at Netherlands, the registered manager and staff spoke to us with pride about the recent refurbishment of some areas of the building. They told us about the new laundry area which enabled everyone to access the room and help with laundry if they wished to. One person also told us about the new decking area in the garden. They said it was better for them as they could go out into the garden more easily. We also saw that a new kitchen had been fitted. People told us how they liked to help in the kitchen and that there was now plenty of space to do so.
- People's bedrooms were comfortably furnished and decorated to their own taste. Communal areas had ample space for people to move around freely. The registered manager told us there was a redecoration plan for the home which was currently in progress.
- The building had adaptations for those who needed them, such as a stair lift and handrails. The equipment in place had been regularly checked to make sure it was safe to use.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they could see relevant healthcare professionals when they needed to, such as doctors, dentists or opticians. One person told us, "I'm going to the dentist today." Care records showed when people had attended appointments with healthcare professionals and staff ensured that follow up appointments, such as those at hospitals, were kept.
- Staff demonstrated their awareness of people's regular and more specialist healthcare needs, including those related to mental health.
- The registered manager and staff worked with other organisations, including social care professionals, to help people develop their skills and achieve their goals. We saw an example of one person being supported to engage with a local gardening group with a view to increasing their social interaction and maintaining good mental health. The person told us, "I think it will be good for me. I like being outside and I get a bit

down if I don't do things."

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.

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

- People told us or indicated by gestures that they were happy living at Netherlands. They said that staff were kind and considerate towards them. One person said, "I've not been here long but I've settled in and have a great laugh with them all. I can do what I like and I help to look after the rabbits."
- Throughout the inspection we saw people were relaxed in the company of staff; staff constantly engaged people in social conversations and joined in with their activities. There was a homely and happy atmosphere throughout the inspection; people and staff enjoyed light-hearted banter together and showed a mutual respect for each other.
- One person who lived in the home was currently in hospital. People were obviously worried about the health of their house mate and staff helped them to manage their feelings and understand the situation. We saw that people had made 'get well' cards to be sent to the person and arrangements were being made for people to visit them in hospital. We saw that two staff members who were not on duty had also made arrangements to visit the person in hospital. This helped to maintain a 'family style' atmosphere within the home and ensure the person in hospital remained a part of that.
- Staff knew people well and were able to predict the emotional support they needed to help them stay relaxed and calm. An example of this was the caring and warm reassurance given to a person who was waiting to go to the dentist. Staff knew the person would be anxious and gave them clear explanations about the appointment and a cuddle when they wanted one. A staff member explained to us how they had continued to provide reassurances on the way to the appointment and this had helped the person to engage positively with the dentist.
- One person described the support they received to come to terms with family bereavements. They said the registered manager was helping them to locate family photographs and had said they could develop a small memorial garden where they could sit and remember the people they had lost. The person said this support was "very kind" and they appreciated it.

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we saw staff encouraged people to make their own choices and decisions. Some people were not able to verbally express their views so the staff made every effort to help people do so in ways that were appropriate for them. An example of this was with meal menus. People had said that picture menus did not resemble the food that was on their plates and this could cause confusion when making choices. As a result, people had been involved in taking photographs of the actual food served so as to build up a 'library' of their choices and preferences. One person said, "It makes it better to see what you

want and decide."

- Information was available for people about lay advocacy services. These services can support people in their decision making and help to make sure their wishes and views are heard on matters that are important to them. We saw that people had been supported to use these services when they needed to.
- People's dignity and privacy was upheld. People were able to have keys to their bedroom if they wished. One person said, "I go to my room if I want and they [staff] don't come in unless I say it's ok." Another person told us how staff made sure their curtains were closed if they were getting changed in their bedroom. Staff took care to discuss people's needs in private areas.
- People were encouraged to maintain their independence wherever they were able to. People told us they liked to help in the kitchen and laundry, and staff supported them to keep their bedrooms clean and tidy. They also told us staff supported them to go shopping for personal items when they needed to.
- Staff understood the importance of maintaining confidentiality regarding people's personal information. Care records were securely stored and computers were password protected.

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 had care plans in place which detailed their needs, wishes and preferences. Two people showed us their care files and told us they regularly looked through them with their keyworker. One person said, "[My keyworker] talks to me about my file; I can't read the words so we talk and we use the pictures. I know all about what's in there."
- Care plans had been regularly reviewed to make sure they accurately reflected people's needs and wishes. Staff were aware of how people liked their care to be provided and followed the guidance in their care plans.
- People told us about the hobbies and social activities they enjoyed. One person showed us their art work and said, "I love drawing; it makes me happy." We saw that people had two pet rabbits and enjoyed taking part in their care.
- Some people attended a local day activity centre for part of the week and a member of staff was allocated to provide in-house recreation on other days. On the day of the inspection people were engaging in making decorations for their home. Everyone who was involved told us or indicated to us that they enjoyed this activity.
- Regular exercise classes were provided by an external fitness company. One person said they were "good" at exercising and enjoyed the classes. We also saw that staff monitored the impact those classes had on people's lives. We saw one example in which a person had developed greater confidence and stability when walking as a result of targeted exercises.
- The provider and registered manager were aware of the Accessible Information Standard (AIS), which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. They had developed a policy detailing how they would meet its requirements. Information was available for people in words and pictures to help them fully understand the meaning of the information.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints procedure in place. It was available in an easy to read version and displayed around the home so that everyone could access it. Since our last inspection, one complaint had been recorded and managed in line with the registered provider's policy.
- People told us that they would speak with the registered manager or staff if they had any complaints to make. One person said, "I just tell them [staff]. They know what to do and put things right."

End of life care and support

- Some people had been able to express their wishes for how and where they wanted to spend their final days, and some people had funeral arrangements in place. The registered manager acknowledged that this

was a difficult subject for people to discuss and was working with them slowly to develop their plans. The registered manager also acknowledged that some people did not have the capacity to make their decisions and choices for end of life care and support. They said, in those circumstances they would utilise best interests processes to ensure people received the appropriate care.

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.

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

- People who lived at Netherlands were consistently positive about the way the home was run and the support they received from the registered manager. One person who lived in the home said, "[Registered manager] is lovely really; I like to tease her." Another person said, "[Registered manager] has helped me a lot and I get on good with her. It's a lovely place to live."
- Staff were equally positive about the management of the home and the support they received from the registered manager. One member of staff told us, "[Registered manager] is fair; she's always got your back." Another member of staff said, "[Registered manager] is really good; I'm well supported." Staff also told us they felt supported by the registered provider's senior management team. They spoke about responsive out of hours/on-call support arrangements and said that senior managers visited the home regularly.
- Staff told us the registered manager promoted strong team work and person-centred care. A staff member said, "It's all about, choice, respect and dignity; helping people to live a normal life."
- There were systems in place to gather people's views about the quality of services they received, such as the use of surveys. Surveys were also sent to those who were important in people's lives such as relatives and health and social care professionals. The outcomes from the most recent survey were displayed in the home so that people could see what actions had been taken in response to their comments.
- We saw that people had regular opportunities to meet and discuss what was happening in the home. People told us they were able to say whatever they wanted and staff made any changes they wanted. Records of meetings showed, for example, people had asked for changes to menus and more regular visits to the local cinema. We saw that these issues had been addressed.
- Staff were aware of the registered provider's whistleblowing policy and told us they would not hesitate to use it if they had concerns which were not being addressed.
- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The registered provider had systems in place to monitor the quality of the services provided. The registered manager carried out and recorded regular checks of subjects such as medicines administration, care

planning and staff training. This process was supported by regular quality assurance checks by the registered provider's senior management team. Action plans were put into place and improvements monitored for any shortfalls identified by the quality assurance processes.

- The registered manager understood their regulatory responsibilities. For example, they sent us the required information wherever necessary, such as Deprivation of Liberty Safeguard (DoLS) authorisations or injury notifications. They also made sure the rating from our previous inspection in January 2016 was displayed in the home in line with legislation.
- During the inspection we observed clear communication between the registered manager, the staff team and people who lived in the home. Staff were aware of their expected roles and responsibilities for their duty shift and carried them out efficiently.
- The registered manager and staff maintained positive working relationships with other agencies who were involved in the lives of the people who lived at Netherlands. These included local health services, local authority commissioners and local safeguarding teams. They had also developed links with local community groups in order to expand the opportunities available to people who lived at Netherlands.
- The registered manager attended regular meetings with other managers in the registered provider's organisation. They also attended regular meetings at local adult social care networks. This helped them to keep up to date with good practice and share learning across organisations.