Prime Life Limited

Welholme Road

Inspection report

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Date of inspection visit:
09 September 2016
15 September 2016

Date of publication:
08 November 2016

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?	Requires Improvement

Summary of findings

Overall summary

Welholme Road is a care home without nursing that provides personal care and accommodation for up to 16 people living with chronic and enduring mental health conditions, some of whom may also have a physical disability and treatment for substance misuse. At the time of our inspection there were 15 people using the service.

This unannounced inspection took place on 9 and 15 September 2016. The last time the service was inspected was in September 2013 when it was found to be compliant with the regulations inspected.

There was a registered manager for the service. 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.

A range of risk and management plans were available to help staff minimise risks and help keep people safe from potential harm. Action was taken to help prevent incidents and accidents from reoccurring again by staff who were provided with training on how to manage the behaviours of people who may challenge the service. Background recruitment checks had been carried out to ensure staff did not pose a risk to vulnerable adults and safeguarding training had been provided to them to ensure they were able to recognise and report incidents of possible abuse. Staffing levels were assessed to ensure there were enough staff available to meet people's needs and people received their medicines from staff who had received training on this aspect of their role.

We found a variety of training was provided to enable staff to effectively meet people's needs and supervision and development opportunities were provided to help staff develop their careers. People who used the service were supported in making decisions and choices about their lives by staff who respected their wishes for privacy and who upheld their personal dignity. We observed staff demonstrated kindness and consideration for people, many of whom lived with enduring mental health conditions or had difficulties in managing their behaviour. Staff responded sensitively to people's needs and provided encouragement and empathic support to ensure people felt that they mattered. The registered manager and staff followed the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure people's human rights were protected and they were not deprived of their liberty in an unlawful way.

People told us that staff were caring and kind and that they were happy with the way their support was delivered. People were involved and contributed to decisions concerning the planning of their support, which we saw was reviewed on a regular basis to ensure that it met their needs. People were positive about the quality of the meals that were served. We saw a variety of home cooked food was provided for people

and that their dietary needs were monitored to ensure they were not at risk of malnourishment or dehydration. People said they were encouraged to pursue their interests and develop their independence although we found staff were not always following good practice guidance to help people engage and participate more fully in the life of the service. A complaints policy was in place to ensure people could raise concerns and have these investigated when required. People's personal care records were securely held and information about them was maintained in a confidential manner.

We found that management was approachable, open and supportive. People were encouraged to express their views and provide feedback about the service to enable it to develop and improve. Systems were used to enable the quality of the service to be monitored by the registered provider, although we found some elements of these needed to be further improved.

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.

People who used the service were supported by staff who had received training on how to recognise and act on the signs of potential abuse.

Safe recruitment procedures had been followed to ensure people who used the service were not exposed to staff who were barred from working with vulnerable adults.

Incidents and accidents were monitored and action taken to minimise them from reoccurring.

People received their medicines as prescribed by staff who had received training on medicines management.

Is the service effective?

Good

The service was effective.

Staff were provided with a range of training to help them monitor and effectively meet people's needs.

The principles of the Mental Capacity Act 2005 (MCA) were followed to ensure people's human and legal rights were upheld and protected.

People were provided with a range of nourishing meals to ensure their nutritional needs were appropriately supported.

Is the service caring?

Good

The service was caring.

People were supported by staff who were friendly and considerate and who knew them well.

People were consulted and involved in the planning of their support by staff who respected their dignity and wishes for privacy.

People were encouraged to maintain their independence and their confidentiality was upheld.

Is the service responsive?

Good

The service was responsive.

Staff understood and respected people's wishes and choices.

People were able to pursue their personal interests and these were promoted by staff.

People were able to raise concerns and have these investigated and resolved whenever this was possible.

Is the service well-led?

Requires Improvement

Some elements of the service were not always well led.

There was an open style of management which people, their relatives and staff were positive about.

Systems were in place to enable the quality of the service to be monitored, although audits did not always highlight details of incidents, which made it difficult to recognise potential trends.

People were able to participate in decisions and provide feedback about the service to help it to learn and develop.

Staff were not always following good practice guidance to help people engage and meaningfully participate in the life of the service.

Welholme Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 15 September 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

The registered provider had not yet been asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. However, we checked our systems including notifications submitted to us, as required by law, to tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Before the inspection we contacted the local authority safeguarding and contract monitoring teams to ask their views on the service and whether they had any on-going concerns. No negative issues were raised.

We used the Short Observational Framework for Inspection (SOFI) during our inspection. SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us. We observed how staff interacted with people who used the service and monitored how they supported people throughout the day.

We spoke with four people who used the service, together with a relative who was visiting. We spoke with the registered manager, a regional director who was supporting the registered manager, three members of staff and subsequently contacted five members of professional health and social care staff in the community who had an association with the service.

We looked at the care files that belonged to five people who used the service, together with other important documentation relating to them, such as daily notes, incident and accident records, safeguarding records

and medication administration records (MARs). A range of management records were also looked at including audits of different aspects of the service, three staff files, training and development information and complaints.

Good

Is the service safe?

Our findings

People who used the service told us they trusted the staff and felt safe most of the time. One person said, "Staff are available and always reliable about giving us our medicines. I take it in front of them so they can check I have had it." Commenting about a member of their family a visiting relative told us, "Oh yes, I feel she is safe, staff are brilliant and always there. They keep me informed and I can talk to any of them and they all listen."

We found that people who used the service lived with a variety of chronic and enduring mental health conditions which they sometimes had difficulties in managing on their own. There was evidence that staff had attended training courses on mental health awareness and how to manage episodes of challenging behaviour to ensure people were kept safe from harm. The registered manager told us this latter course had been recently improved and involved staff attending an intensive three day course on use of non-violent distraction techniques and verbal de-escalation.

There was evidence appropriate procedures were followed for the reporting of incidents and accidents, to enable these to be monitored and action taken to minimise them from reoccurring again. We saw a number of incidents had involved episodes of challenging behaviour or aggression and that these had been reported to the local authority and the Care Quality Commission as required. We found the service adopted a positive approach to risks and saw that a range of assessments including behaviour management plans were contained in people's files to ensure staff had information about how to effectively manage risks to people and help keep people safe from harm. We saw these assessments were regularly reviewed on a monthly basis to ensure they were kept up to date.

Health and social care practitioner's in the community were largely very positive about the service. One stated, "They [the service] are doing really well to manage people's difficult behaviours and are on the ball. Staff document things clearly and complete monitoring charts when required. Staff do a lot to minimise risks to people. [Staff name] goes above and beyond and we get good feedback from relatives." We saw a record had been developed to enable another community health and social professional to monitor the behaviour of a person who used the service and experienced frequently fluctuating mental health needs. They told us, "Staff are very good at sending monthly updates regarding behavioural patterns, I have asked for them to continue with this."

There was evidence that staff had been provided with safeguarding training to ensure they were familiar with their professional roles and responsibilities to protect people from potential abuse. Policies and procedures were available for staff to follow which were aligned with the local authority's guidance for reporting safeguarding concerns. We found that staff were aware of their duty to report potential concerns and 'blow the whistle' about issues of poor care practice if this was required. Staff demonstrated a positive understanding of different types of abuse and were confident the registered manager would follow up safeguarding issues when needed.

One person did tell us they sometimes became anxious due to the behaviours of some people who used the service. They told us they had been supported by staff in the past to report an alleged incident to the police that had involved them. We spoke to the registered manager about this and saw this incident had been reported appropriately as both a safeguarding issue and to the person's social worker to ensure it could be followed up but that they had subsequently decided they did not wish this to be pursued. Speaking about the service this person's social care practitioner stated, "They support him really well; it's the most settled placement they have had in a very long time."

We found safe recruitment procedures were followed to ensure people who used the service were protected from potential harm. We saw potential job applicants were screened before they were able to start work. This enabled the registered provider to minimise risks and ensure new staff did not pose a risk to people who used the service. The files of three members of staff contained clearances from the Disclosure and Barring Service (DBS) to demonstrate they were not included on an official list that barred them from working with vulnerable adults. We found employment and character references were followed up before offers of employment were made, together with checks of job applicant's personal identity and previous employment experience to enable gaps in their work histories to be explored.

Staff told us they enjoyed their work and that there were enough of them available to meet the needs of people who used the service. We found there were three members of staff on duty during the day with two at night to meet the needs of the 15 people who were using the service at the time of our inspection. The registered manager told us staffing levels were assessed according to the individual needs and dependencies of people who used the service. We observed staff responded to people's individual needs with kindness and sensitivity but were involved in undertaking domestic activities such as cleaning and cooking for them for much of the time, as a result of the low levels of engagement from some people due to their enduring mental health conditions. We saw staff worked well together to enable communication about people's needs and enable them to perform their roles.

People confirmed they received their medicines when they were prescribed. We saw that staff responsible for this element of practice had received training about the safe use and handling of medication which was updated on a regular basis. We observed people received their medicines in a sensitive way and were provided with explanations about these. We found people's medicines were stored securely and that good practice information in relation to their individual medical needs was available. There was evidence that temperature levels of the medication room and fridges were monitored to ensure people's medicines were stored within safe temperature levels. The registered manager told us improvements were planned to the ventilation in the medication room, due to the temperature levels recently being close to the recommended levels. We reviewed a sample of people's medication administration records (MARs) and found people's medicines had been administered at the advised time, correctly recorded and disposed of in an appropriate way.

We found the building was clean and generally well maintained. We saw evidence a range of checks were regularly carried out to ensure people's health, safety and welfare was promoted. We found this included systems for control of utilities such as fire, water, electricity and gas. A contingency plan was in place for the service for use in emergency situations and people's care records contained personal evacuation plans in case of outbreaks of fire. On the first day of our inspection we found a minor shortfall in relation the delivery of hot water in a bathroom. On the second day of our inspection a maintenance team employed by the registered provider had rectified this and were in the process of improving access to the garden with the creation of an additional doorway.

Good

Is the service effective?

Our findings

People who used the service told us they liked living at Welholme road. One person said, "It takes a lot of beating, the food is quite good and the staff are nice friendly people." Another person said, "The food is quite good, in fact we do very well. They always give us a choice with lunch and tea, we get our breakfast from cereals and milk that is available." Another commented, "I see my key worker every week and we talk about how I feel."

We found an induction programme was in place for new staff to follow which was based around the requirements of the Care Certificate. The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The registered manager told us they were hoping to sign up to the Social Care Commitment which incorporates promises and pledges for employers, employees and new recruits. (The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services and is made up of seven 'I will' statements and associated tasks). We were told new staff were not allowed to work on their own until they had undertaken a period of shadowing more experienced staff and had been assessed as capable to do their job.

We saw evidence in staff files of supervision meetings with senior staff that were regularly held, to enable their performance to be monitored and their skills to be formally appraised. Staff told us they were encouraged to undertake additional accredited external qualifications such as National Vocational Qualifications (NVQ) or the Qualifications and Credit Framework (QCF) to enable them to develop their careers. One told us, "We do all sorts of training. It's always there if you want. I really enjoy the work and wish I had done it sooner, I am waiting to start my NVQ 2."

Staff files contained evidence of completed courses on a range of training that the registered provider considered essential that were refreshed on an annual basis, including mental health awareness, health and safety issues, first aid, safeguarding people from harm, nutrition, equality and diversity and infection control. Additional service specific training was available to ensure staff had the skills needed to effectively carry out their roles. We saw these included courses on dementia, positive behavioural support and the management of challenging behaviour. We found uptake of some of the service specific courses was relatively low, however the registered manager told us these courses had only recently been developed and that plans were in place to ensure these were completed by staff.

The care records belonging to people who used the service contained information to assist staff when supporting people to manage their health, welfare and behavioural needs. There was evidence of on-going monitoring and involvement of people's needs with input from health professionals, such as GPs and Consultants, district nurses and other specialists to ensure people's wellbeing was fully promoted. We saw a range of care plans, risk assessments and management plans had been developed to support people's individual needs, together with clear and thorough daily recordings concerning support that had been delivered. We found people's care plans were evaluated on a regular monthly basis and that updates were

included when changes in their needs had been noted. Information in relation to the promotion of people's human rights was included in people's case files, together with details about their wishes concerning the end of their lives when this was known.

People and their visiting relatives told us staff involved and consulted them to ensure they were happy with the way their care and treatment was delivered. We observed staff engaged with people in a friendly and supportive way in relation to care interventions that were required. We saw that people had been asked to sign and document their consent to their individual care plan agreements were this was possible. This helped demonstrate that consent had been obtained from people and that they were in agreement with how their support was delivered.

We found that training had been provided about the Mental Capacity Act 2005 (MCA) to ensure staff were aware of their responsibilities to up hold and promote peoples legal and human rights. The 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 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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager had a good understanding of their responsibilities in relation to DoLS and had made appropriate applications for authorisations to the local supervisory body to ensure people were only deprived of their liberty lawfully and in line with current legislation.

People who used the service were positive about the quality of the food that was available. They told us they enjoyed their meals and we saw that a range of home cooked meals were provided to ensure people's dietary needs were appropriately supported. People told us they were able to make suggestions and have alternative choices if they didn't want what was served. We found people's nutritional status was assessed and kept under regular review with appropriate action taken to involve specialists, such as dieticians when concerns were noted.

We found the building was appropriately maintained to enable the health, safety and welfare to be promoted and that adaptions were being made to improve access for people with mobility needs.

Good

Is the service caring?

Our findings

People who used the service told us staff supported them with making choices and decisions. They told us they were happy with the way this was provided and that they were encouraged to be as independent as was possible, to ensure their wellbeing was promoted. One person said, "Staff are good people, no doubt about it. They always listen and are diligent and considerate." They went on to say, "I have a kettle in my room and can make cups of tea when I want."

A relative had commented, "Staff are brilliant and the environment is kept clean and has been modernised. People are able to do things for themselves."

We observed people who used the service were at ease with the staff and had developed positive relationships with them. We found that staff showed a good level of understanding of people's personal strengths and needs together with the type of support they required. We observed staff talking with people in a kind and compassionate way whilst demonstrating empathy for their individual needs and conditions. We saw staff listened and engaged with people sensitively and showed consideration to ensure their wishes and feelings were respected.

We observed that people were clean and looked well cared for and saw staff took prompt action to involve professional staff in the community when they had concerns, to ensure people's wellbeing was positively promoted. People's care records contained evidence that people were supported by staff to actively participate in making decisions and choices about their lives.

People told us they were allocated a key member of staff who they regularly spent time with in order to help them develop and pursue their personal aspirations. People told us they were able to make their own decisions and life choices about things such as what clothing they wanted to wear and times they got up and went to bed. We observed that some people chose to spend time in their own rooms and that their wishes for privacy were respected by staff.

We found that people were encouraged by staff to maintain and develop their wishes for personal independence. We saw that people were able to go out when they wished and that one person had chosen to cook their own meals in a microwave oven.

We saw information about the service was available to help people understand about what to expect from the service. We found that regular meetings were held to enable with people who used the service to be involved in decisions about the home. We sat in on one of these meetings and found that agenda items included discussion around issues such as respect for each other, ideas for forth coming events and suggested changes to the menu.

Throughout our inspection, we observed staff were patient and kind. We observed staff respected the need to maintain people's confidentiality and did not disclose information to people who did not need to know.

We saw information about people's needs was securely stored and that details that needed to be communicated about them was passed on in private.

Relatives told us they were encouraged to visit at any time and participate in the life of the service. A comment in the compliments book from a relative of a person who had used the service but died in the past year stated, "Thank you to each one who helped care for my sister. It meant a great deal to know she was in a nice place and kind people were around her. God bless to you all."

Good

Is the service responsive?

Our findings

People told us they were generally happy with the way the service was organised. One person commented, "This is my home and I can do what I like." A relative commented, "I couldn't wish for anything better, I can tell the staff and know they will always do something. The staff work well with other professionals, we have reviews which I have been invited to and staff keep me informed. There are no faults whatsoever." They went on to say, "I can't complain about the place, we enjoy sitting in the garden."

One person who used the service said, "I am happy with staff and the food and I say if there's anything wrong." They went on to tell us, "I feel I'm included, we have regular meetings to discuss things about the home and have barbecues which are good. The staff have invited me to go on holidays in the past, but we haven't had one yet this year. I think we should go on a trip to the Leeds for Christmas shopping and look at the big stores."

Information in people's care records was available to help staff understand and work with people in a personalised way. We saw that assessments of people had been undertaken prior to them moving in to the service to ensure it was able to meet their needs. A range of individual care and plans of support that had been developed from these to help staff meet people's needs safely in a way that was individualised and person centred. There was evidence of people's participation and involvement in decisions about their support to ensure their wishes and feelings were met. We saw that details about people's life histories, personal preferences and interests were included in people's care records to help staff support them to have as much choice and control of their lives as was possible. People's care plans documented action needed to ensure people's individual strengths and needs were safely supported whilst enabling staff to deliver a service that was tailored to meeting their needs.

Assessments and management plans about known risks for people and were included in people's care records on issues associated with their mental health and medical conditions, together with evidence these were reviewed and evaluated regularly with involvement from a range of professionals in the community when required. This ensured people's specialist and changing needs were met in a responsive way. Comments from health and social care professionals about the service were positive about the staff approach in this regard. One told us, "Staff are very good and have maintained people's behaviours and will ring for advice" another professional stated, "They contact us for direction to enable risks to be minimised whilst promoting independence."

People told us they were encouraged to follow their interests and take part in social activities that were provided to enable their social wellbeing to be actively promoted. One person told us they had interested in nature and how they had been supported to follow this up. They told us, "To have an interest or hobby is a good thing."

We observed that some people who used the service chose to do things on their own and did not appear to be interested in taking part or joining in social activities. We saw that staff were involved in domestic tasks

such as cleaning and cooking meals for people much of the time, which meant they had less time to directly engage with people who used the service. A member of staff told us they had previously been involved in organising activities for people, but were currently working on nights, however they showed us a book of recent events that had occurred, which had included visits from external entertainers, day trips, and themed nights. One member of staff commented, "It's always on-going to get people to engage and do the simplest of tasks and it's always a challenge." A person who used the service told us, "Staff do try but people sometimes refuse…I would like to go to Cleethorpes but they can't always spare the staff."

People told us they were happy with the service they received and had no complaints. We saw a complaints policy was in place to ensure the concerns of people were listened to and followed up when required. People and their relatives told us they knew how to raise a complaint and were confident that action would be taken to resolve issues whenever this was possible. The registered manager kept a record of all complaints and compliments which detailed what action had been taken and the outcome from this. They told us they used complaints and compliments as a way to improve the service and make changes where this was required.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well run. A visiting relative commented, "[Registered manager's name] is a lovely guy and he's very caring and kind, I think he is very good and he's always there to listen." Staff in the local authority contracts team told us the registered manager took on board recommendations and advice and worked with them well. A community health and social care professional told us, "[Registered manager's name] has very open and clear lines of communication."

We found the registered manager was organised well and had systems in place to enable the quality of the service to be assured. We found the registered manager was supported by regular visits from their regional director to enable the service delivered to be monitored and assessed.

There was evidence that a variety of audits and checks were regularly carried out on various aspects of the service to ensure people's health and wellbeing was safely managed and that issues concerning their health, safety and welfare was promoted and protected. We found audits covered checks of people's care plans, staffing training and development, complaints, maintenance of the environment, safeguarding and incidents and accidents and that action plans were developed from these to highlight shortfalls that were noted.

We noted that whilst audits of safeguarding referral records covered incidents that had occurred and who these concerned, they failed to document much detail of the actual incidents, which meant it was difficult to quickly analyse and determine whether there were any patterns or trends. We spoke to the registered manager about this and were shown an audit that had been recently completed by a senior member of staff which they had carried out, as the original had failed to give enough detail. The registered manager told us the registered provider was currently in the process of developing the quality assurance checks to enable more accurate information to be obtained and enable these to be further improved.

We saw that whilst staff training had been provided on mental health awareness to staff to ensure they were able to meet the needs of the people who used the service, we noted that due to their involvement in providing cooking and cleaning for people, staff had little time to work directly with them in order to help people to become involved and actively engage with the service and take responsibility for their lives. Speaking about the registered manager a member of staff commented, "He has a good ideas and is very good with the clients. He is always getting us to do activities, but it's a big place and there's a lot of cleaning that needs to be done." Whilst we saw a contract agreement that had been developed to encourage people to respect each other and take responsibility for their actions, a health and social care professional advised they sometimes were unsure about the level of staff understanding concerning the promotion of good practice guidance in mental health.

We recommend the service seek advice and guidance from a reputable source, about the promotion of good practice guidance in mental health.

People who used the service, their relatives and staff said the registered manager was approachable and welcomed feedback to enable the service to learn and develop. We found that people who used the service, their relatives and friends were consulted about the service provided and that regular meetings were held to enable them to provide feedback about the service delivered. We saw results from people in recent surveys with comments that included, "I like living here very much, it is very good", "The staff are nice and very helpful" and, "When I come to visit the staff are always polite and offer drinks and opportunities to have lunch or tea."

We found the registered manager was readily available throughout our inspection visits, providing guidance and support to people when this was needed. Staff told us they had confidence in the registered manager. They said that the registered manager had an open style of management and listened to their ideas and suggestions. One commented, "We have regular monthly staff meetings and a sheet is put up in the office so we can write down agenda items." Speaking about the registered manager another member of staff told us, "He is flexible and approachable. I am confident I can say something to him and he will act and it will get done." They went on to tell us the registered manager was, "Very hands on and part of the staff team."

We saw evidence that regular staff meetings were held to enable clear direction and leadership to be provided. This helped to ensure staff understood what was expected of them and were clear about their professional roles and responsibilities. Staff files contained evidence of individual meetings with senior staff to enable their attitudes and behaviours to be monitored and appraised. Staff told us they received feedback about their work in a constructive way and were encouraged to develop their skills and question practice in the home.