Prime Life Limited

Rutland Cottages

Inspection report

Huntsman Drive
Barleythorpe Road
Oakham
Rutland
LE15 6RP

Tel: 01572722350
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

We inspected the service on 9 December 2015. We gave the provider 48 hours' notice of our inspection.

Rutland Cottages are a grouping of 24 cottages across the road from Rutland Care Village which is also a service run by Prime Life Limited. People who live in the cottages have the option of receiving care and support from staff working in Rutland Care Village. At the time of our inspection one person had been using the service for the last six months.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The provider had procedures for supporting people to be safe in their home. Staff understood their responsibilities under those procedures.

The provider had robust recruitment procedures that ensured as far as possible that only people suited to work at the service were employed. Staff were suitably deployed so that there were enough staff with suitable skills, knowledge and experience available to support people using the service.

Only staff who had satisfactorily completed training in medicines management and who were assessed as competent to administer people's medicines did so.

Staff received relevant training and support to be able to deliver people's care needs.

The provider had procedures for implementing the requirements of the Mental Capacity Act (MCA) 2005. Staff we spoke with understood their responsibilities under the MCA. They sought people's consent before performing personal care routines and proving support.

People were supported with their nutritional needs. Staff monitored the health of people using the service and involved health services, for example, people's GP, when necessary. The provider cooperated with providers of specialist services if people required additional specialist support.

Staff were caring. They developed caring relationships with people they supported and involved then in decisions about their care. Staff treated people using the service with dignity and respect.

People's care plans were person centred and focused on their individual needs. Care plans were regularly reviewed.

People were supported to raise concerns and their opinions and their feedback was acted upon. The views or people using the service and their relatives were sought and acted upon. Staff had opportunities to be

involved in developing the service. They were supported to raise concerns. They told us they were confident their concerns would be acted upon.

The provider had effective arrangements for assessing and monitoring the quality of the service.

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.

Staff understood and practised their responsibilities to protect people from abuse and avoidable harm.

Staff were effectively deployed to ensure people received the care they required.

People were supported with their medicines at the right times.

Is the service effective?

Good

The service was effective.

People were supported by staff with the right knowledge and skills. Staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported with their nutritional and health needs.

Is the service caring?

Good

The service was caring.

Staff developed caring relationships with people they supported.

People had opportunities to be involved in decisions about their care.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People using the service and their relatives had opportunities to contribute to the planning of care. Delivery of care was personalised.

People were using the service had access to the provider's complaints procedure.

Is the service well-led?

Good

The service was well led.

Staff had opportunities to be involved in developing the service.

People using the service and their relatives were able to contact the registered manager.

The provider had effective arrangements for assessing and monitoring the quality of the service.

Rutland Cottages

Detailed findings

Background to this inspection

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

This inspection took place on 9 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service to one person; we needed to be sure we would be able to speak with them.

The inspection was carried out by a single inspector.

We reviewed the information we had about the service. This included notifications made to the Care Quality Commission and feedback we received from relatives of people using the service.

We spoke with the one person using the service and two of their relatives. We spoke with a support worker from another provider who supported the person. We looked at the person's care records and spoke with two care workers who provided care and supported. We spoke with the registered manager of the service and the team leader who managed care workers who supported people in Rutland Cottages. We looked at a recruitment file and training records to assess how the provider recruited and trained new staff. We looked at records associated with the provider's procedures for monitoring and assessing the quality of the service.

Good

Is the service safe?

Our findings

The person using the service told us they felt safe when they received care and support in their home. They told us they felt they could raise any concerns because they had what they described as a good relationship with the care workers that supported them. Both relatives we spoke with told us they had no concerns about the person's safety.

The staff that supported the person using the service came from Rutland Care Village, a residential care home complex across the road from Rutland Cottages. We spoke with two of those care workers. Both demonstrated an understanding of their responsibilities to keep people safe and protect them from avoidable harm. They knew the types of abuse recognised by the Health and Social Care Act and were familiar with the provider's procedures identifying and reporting any safeguarding concerns. They told us how they would recognise signs that a person was at risk of abuse, for example changes in behaviour, posture, sleeping and eating patterns, appearance an signs of unexplained cuts or bruises.

When a person begins to use the service, the team leader assesses a person's needs and dependencies and also assesses any environmental risks in the person's home. People are advised about how to keep safe in their homes. This included arrangements for visitors to the cottages which protected people from visitors unknown to them.

The staff we spoke with told us they received safeguarding training. A training schedule we looked at showed that most staff had attended the training or were scheduled to do so. Both staff were confident that if they raised any safeguarding concerns they would be taken seriously by the team leader and registered manager. We saw evidence that the registered manager, deputy manager and team leader encouraged staff to report concerns. They did this at staff meetings and supervision meetings. We saw evidence that reports of concerns and incidents were investigated. The provider had robust arrangements for reporting concerns to the Care Quality Commission and the local authority adult safeguarding team. People using the service and relatives could be confident that the provider had robust arrangements for ensuring delivery of care that was safe and protected people from harm.

People living in Rutland Cottages were supported by care workers whose main role was to work in one of the staff teams in Rutland Care Village. The provider had arrangements to ensure as far as possible that people living in the cottages were supported by a core team of care workers who were known to the people. No care worker supported a person living in the cottages without first having been introduced to the person; who then had a say in whether they wanted to be supported by that care worker. The person using the service told us that had been their experience. This was important because receiving care and support from care workers chosen by a person contributed to their sense of safety.

Before care workers supported people they were required to read people's care plans so that they understood people's needs and preferences about how they wanted to be cared for. People's care plans included risk assessments associated with their personal care routines. These included information for care workers about how to support people safely and in ways that avoided a risk of injury.

The provider had robust arrangements for the reporting and investigation of accidents and injuries experienced by people using the service and staff. Reports were investigated by senior staff for the purpose of identifying why and how an incident had occurred and steps were taken to reduce the risk of a similar incident occurring in Rutland Cottages and Rutland Care Village.

People living in the cottages who required personal care experienced the same standards of support with their medicines as people in Rutland Care Village. Only care workers who were trained in medicines management and assessed as competent to administer medicines did so. People's medicines were securely stored in their home. The team leader ensured that people in the cottages received their medicines at the right times. The person using the service told us that was the case. They also told us they were confident that care workers knew what the medicines were for and that they administered the medicines as prescribed by their doctor. They told us, "They (care workers) explain what my medicines are for." They also told us that they were given painkillers when they needed them.

Good

Is the service effective?

Our findings

The person using the service told us they felt they were supported by staff with the right skills and knowledge. A relative expressed their view of the staff. They told us, "They are generally pretty good. They do their best."

Care workers we spoke with told us they felt well supported through supervision, appraisal and training. One told us, "My induction was good, it was helpful." All new staff had induction training that covered essential subjects such as safeguarding, consent, moving and handling and an introduction to the service and wider organisation. Care workers also received training about medical conditions that people using the service lived with. This meant that people received care and support from care workers with relevant knowledge about their needs. The person using the service told us, "The staff know what my needs are."

The provider linked with other providers to support staff with specific guidance. For example, support workers with specialist skills in supporting people with visual and hearing impairments provided support and guidance to care workers supporting people who lived in the cottages. They advised care workers about how to communicate with people with those impairments. A support worker from another provider told us, "When I've seen the (provider) staff, they have on the whole done what I advised."

The provider had a training plan for all staff that was monitored by the registered manager and deputy manager. This ensured that staff received updated and refresher training and training that had been identified in supervision and appraisal as relevant to their role. A care worker we spoke with told us, "The training I've had has been useful." Another care worker told us, "I'm happy with the support I get."

The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA.

All staff had either received or were scheduled to attend training about the MCA. The provider had a MCA policy which care workers we spoke with were aware of. All staff had a staff handbook when they joined the service which referred them to this and other policies and procedures. Care workers we spoke with understood the relevance of the MCA to their roles. They explained that the MCA protected people who were unable to make decisions about their care. They understood that they were required to obtain a person's consent before they provided personal care and support. They told us they always explained to a person why they were in their home and asked a person if they wanted to support with personal care. The person using the service told us that care workers sought their consent before supporting them. They told us, "They ask me before they help. If I didn't like it I'd say." Care workers we spoke with told us they respected a person's choice about whether they wanted support with personal care and would make a record if a person declined.

Under the MCA a person must be assumed to have mental capacity unless there is evidence to the contrary. The provider's policy and procedures for assessing a person's mental capacity were in line with the MCA.

The team leader told us that when they observed care workers supporting people one of the things they monitored was whether they sought a person's consent. Those observations were more regular during a care workers induction and probationary period, but they continued after probationary periods on an ad hoc basis.

The person using the service did not have complex nutritional needs nor did they require support when eating and drinking. However, under their care plan the person was supported to have breakfast or meals either in their home or in the dining room of the care home across the road if they preferred. The person using the service told us, "I enjoy the food. The carers make my breakfast. If I ask for anything they make it." The person had the same choice of meals that people living in Rutland care Village had. They had a choice of healthy nutritional food. They told us, "I eat everything put on the plate in front of me." Relatives told us they were satisfied with this aspect of the care though there had been an occasion several months ago when they had to arrange for the person to have a meal. On that occasion staff in Rutland Care Village had overlooked that the person required a meal. The team leader took steps to ensure all staff were aware of the arrangements to support people in Rutland Cottages.

The provider had effective arrangements for supporting the health needs of people who chose to use the service. Care plans were designed to record information about people's health needs and how care workers were required to support people with those needs. Care plan documentation included forms for monitoring people's health and identifying any changes. When we looked at the care records of the person using the service we found that care workers monitored the person's health and had arranged for a GP to visit when it was appropriate to do so. Care workers informed the family when they arranged a GP visit. The person using the service told us, "I'm quite well." When we spoke with care workers who supported the person they were aware of the person's health needs and it was evident they had an awareness of the contents of their care plan and delivered care and support in line with that plan.

Good

Is the service caring?

Our findings

The person using the service told us that staff were kind. They said, "All the care workers are very nice to me. The staff ask me how I am and if I need anything else." A relative added, "[Person using service] gets on well with all the staff that come over. The team leader is fond of [person using service] and the staff are nice. That's an important thing for us."

The care plans developed by the provider included information about a person's life, what was important to them and their likes and dislikes. Care workers we spoke with were familiar with the information in the care plans and they used this develop caring relationships with people. We saw that was the case in relation to the person using the service. Care workers added to their knowledge of the person through their daily interactions with them. The person told us, "Staff chat with me."

Care workers described how they communicated with the person. They had sought support from a specialist provider to understand how best to communicate with the person. Staff followed the guidance that had been put in place. This meant that staff were able to communicate with the person using techniques that enable the person to understand them. Staff sought to help the person feel they mattered by providing care and support the way the person wanted. One of the person's medications required particular attention to detail when it was administered. The person and their relatives were comforted that this was done correctly as it mattered a lot to them.

We saw evidence in care records that care workers responded promptly to signs a person was in discomfort. This included helping the person to be more comfortable when they were seated and calling for a GP if the person was unwell.

The provider had procedures to involve people in decisions about their care and support. The person using the service and their relatives told us they had been involved. A relative told us that they had discussions with the service about aspects of the way care was delivered and that the service made changes.

The provider gave people using the service information about the support they received in an information pack. Information about their individual care was available in their care plans which they were able to discuss at reviews which took place monthly. The person using the service did not have a care plan in their home, but this did not appear to matter to them. We discussed this with the registered manager who told us that an `easy to read' version of the care plan would be offered to the person to have in their home. A relative told us they would prefer to have more involvement. We discussed this with the registered manager and they told us they would invite the relative to the next review of the care plan.

The provider ensured that information about people using the service was securely kept and accessible only to people authorised to see it.

Every person living in Rutland Cottages lived in the privacy of their homes. Home care visits were made only at times that were agreed with the person.

The person using the service told us that staff were respectful towards them. Care workers we spoke with told us they always asked the person how they could support them with everyday things like what to wear. All care workers received training about dignity and respect in a care setting. We could see from staff information boards and posters that the provider promoted privacy, dignity and respect. This aspect of care was monitored by the registered manager through everyday observation of care workers and senior managers when they visited the service.

Good

Is the service responsive?

Our findings

The person using the service and their relatives were involved in the planning of care and support. They told us, "The staff do things the way that suits me. The staff know what my needs are. They do everything they should do. I've never felt that anything has been lacking in my care." The person told us about how care workers supported them and the times they visited. They told us that care workers visited them at times they wanted. A relative told us they were involved in decisions about how care was delivered. This included discussions about when medicines were given administered and arrangements for meals.

The provider ensured that care plans included information about people's needs and how staff should provide care and support that met a person's needs. The care plan we looked contained information about the persons needs and how they wanted to be cared for and supported. Care workers we spoke with told us they referred to the person's care plan and that it was a useful source of information and guidance about how to support the person. They were able to answer questions we asked them about the contents of the person's care plan.

The person using the service told us they enjoyed other people's company. They were supported in that regard because when they wanted they were taken to a dining room in Rutland Care Village for lunch. They told us, "I sit with other people at lunch, different people. I enjoy that." They also had access to an activities room in Rutland Care Village where they could participate in communal activities and meet other people. They had opportunities to attend faith services at Rutland Care Village. A relative pointed out that the person sometimes needed to be reminded of those opportunities in order to participate in them. We discussed this with the provider who told us they would use reviews of care plans to inform the person about activities and arrange how to support the person to participate in activities of interest to them.

The provider had procedures for reviewing care plans every month. We saw this had happened. The reviews included seeking the person's views and resulted in amendments to the care plan. A relative, who was also the person's representative, told us they would like to be involved in reviews. We passed this request to the registered manager who told us they would liaise with the relative.

The provider worked with specialist providers and collaborated with them to provide care and support. We saw that the provider worked with a charity specialising in supporting people with restricted vision and hearing. The provider acted on advice from the charity. For example, they arranged for the person to have a `talking clock' in their home, which helped them because they had a visual impairment.

The person using the service and their relatives knew how to raise concerns. The person told us, "I feel I could let them know of any concerns." A relative told us that the provider responded appropriately to a concern they raised 12 months before.

The provider had arrangements for receiving feedback from people using the service and relatives. These included daily contact with the person using the service, regular visits from a team leader, care plan reviews and contact with relatives.

The provider had a complaints procedure that was accessible to people using the service and their relatives. The procedure advised people who they could refer their complaint to if they were not satisfied with a response to a complaint.

Good

Is the service well-led?

Our findings

The provider operated a home care service for older people living in the Rutland Cottages. At the time of our inspection, and for at least six months before then, only one person required the service. Because of the small scale the service was operating at, it was run from the neighbouring Rutland Care Village. The care workers providing personal care to people living in Rutland Cottages also worked in Rutland Care Village.

The person using the service and their relatives were aware of how the service was organised. Their main point of contact was a team leader in Rutland Care Village, and they knew who the registered manager was. Concerns and suggestions they raised 12 months before were acted upon by the provider. Relatives told us they felt comfortable about raising concerns if the need arose.

Staff were supported to raise concerns. They could do so through the provider's whistle-blowing procedure. We saw notices on display about the procedure. Care workers we spoke with were aware of the procedures and they told us they would use them in what they thought was a very unlikely event of their manager not acting on any concerns they raised. The care workers told us that they could discuss concerns at any time with their manager.

The provider had clear expectations and standards with regard to staff conduct and how they supported people with dignity. These were included in a staff handbook and were covered in staff induction training, safeguarding training, supervision meetings and staff meetings. The registered manager monitored the day to day conduct and behaviour of staff through observation and feedback from visitors and relatives.

Management of the home care service was delegated to a team leader in Rutland Care Village who reported directly to the registered manager. Both were aware of a statutory requirement to report incidents such as serious injuries and allegations of abuse to the Care Quality Commission and the relevant local authority adult safeguarding teams.

The registered manager and staff had a shared understanding of the challenges facing the service. These were discussed in team meetings. A practical challenge was that the needs of people living in Rutland Cottages were not overlooked or overshadowed by the much bigger service operating in Rutland Care Village. That risk was minimised because a core team of five care workers working in Rutland Care Village had additional responsibilities for Rutland Cottages.

The provider's procedures for monitoring and assessing the quality of the service operated at two levels. These procedures were based on 11 `key indicators of performance'. The registered manager carried out a range of scheduled checks and monitoring activity to provide assurance that people received the care and support they needed. They reported their findings to a regional manager who carried out their own checks to verify the registered manager's findings. The regional manager's reports were reviewed by the provider's operational board. This meant the most senior managers in the provider organisation knew how the service was performing.