

Prime Life Limited

Rutland Cottages

Inspection report

Huntsman Drive
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Oakham
Rutland
LE15 6RP

Date of inspection visit:
07 June 2017

Date of publication:
16 June 2017

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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

Rutland Cottages is a home care service operated from Rutland Care Village which is a residential nursing home. The service is available to people who live in 24 privately owned cottages located on the site of Rutland Care Village. People who live in the cottages have the option of having personal care as well as support with housekeeping. At the time of our visit two people were receiving support.

At our last inspection in December 2015, the service was rated 'Good'. At this inspection we found that the service remained 'Good' for being safe, effective, caring, responsive and well-led.

People continued to receive safe care. Staff who supported the people using the service knew how to recognise and report any signs that people were abused or at risk of abuse.

The provider had assessed risks relating to people's care to help them to remain safe whilst encouraging them to be as independent as they wanted to be. The provider had procedures in place for staff to report concerns and for those concerns to be investigated and acted upon.

There were enough suitably skilled and knowledgeable staff to provide care and support that met the needs of the people using the service. People were supported to receive their medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. People were supported with their nutritional and health needs and were supported to access health services when they requested that support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and dignity.

People had care plans in place that were focused on them as individuals. This allowed staff to provide consistent support in line with people's personal preferences.

People's needs were met in line with their individual care plans and assessed needs. Staff understood people's needs and provided care and support that was tailored to their needs.

People and their relatives felt they could raise a concern and the provider had systems to manage any complaints that they may receive.

The provider had effective arrangements for monitoring and assessing the quality of care people experienced. These included seeking and acting upon the views for people who used the service, their

relatives, staff and professionals who visited the service.

Further information is in the detailed finding below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service continued to be safe.	Good ●
Is the service effective? The service continued to be effective.	Good ●
Is the service caring? The service continued to be caring.	Good ●
Is the service responsive? The service continued to be responsive.	Good ●
Is the service well-led? The service continued to be well led.	Good ●

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 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 7 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for a small number of people and we needed to be sure that someone would be in.

The inspection was carried out by an inspector.

Before our visit we reviewed information we had received from and about the service since our last inspection.

During our inspection we spoke with both people who used the service and their relatives. We spoke with a social care professional who was visiting one of those people at the time of our inspection. We spoke with the registered manager, deputy manager, a team leader who was responsible for coordinating the care and support to the two people, a nurse and two care workers who regularly supported the people.

We looked at two people's care plans and associated records. We reviewed information about support staff received through training and supervision. We reviewed records associated with the provider's monitoring of the quality of the service. These included surveys and audits.

We contacted the local authority within which the service is located and Healthwatch Rutland, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

Is the service safe?

Our findings

People told us they felt safe when received care and support. They gave a variety of reasons for that which included home care visits being made at times they wanted and the kind and friendly nature of the staff. A person told us, "Oh yes, I feel safe. I like to see the staff because it makes me feel safe."

People continued to be protected from the risk of harm because staff had received training in how to safeguard people and applied this learning effectively on a day to day basis. This included sometimes supporting people to do more for themselves because they wanted to. For example, on occasions a person chose to wash unassisted. Staff remained close by which meant the person could be more independent without risk of injury because staff were on hand to assist if necessary. At other times, when people wanted full assistance they received it. This showed that people were not restricted from exercising their choices with regards to their independence. Risk assessments were in place to support people's choices and independence.

There were enough suitably skilled and experienced staff to provide people's care and support. Staff had plenty of time to respond to people to ensure they were safe and comfortable. A person told us, "They [staff] always make time to have a chat which I enjoy very much."

A person continued to be supported to have their medicines at the right times. They told us, "The staff help me with my medicines and my eye drops. They put the medicines into a pot and watch me take them." Only staff who were trained in the safe management of medicines supported the person with their medicines and their competence to do this was assessed at regular intervals. The person and their relatives could feel assured that they had the right medicines at the right times.

Is the service effective?

Our findings

People continued to be supported by staff that had the right skills and knowledge to consistently provide good quality care and support. A person and their relative praised staff for their level of skill. A person told us "[Two nurses] are very good. [Name] has it [the care] absolutely right." Another person told us, "There is nothing the staff could do better" and their relative told us, "The staff, especially the ones that visit regularly, are very good."

The registered manager, a registered nurse, supported nurses to maintain their professional development and they and the deputy manager maintained a staff training plan to ensure that staff attended training sessions to keep their knowledge and skills up to date. They and senior care workers supported staff to put their training into practice through one-to-one supervision meetings and observation. Staff told us they felt well supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People who used the service were correctly assumed to have mental capacity to make decisions about their care and support. Staff sought their consent before providing support. A person told us, "They always explain how they want to support me and ask for my permission before they do something. They only do things I ask them to do."

People told us that staff communicated well with them. This was particularly important to a person with a hearing impairment. Staff supported the person by helping them clean their hearing-aid and change batteries when necessary. The registered manager arranged for staff to have refresher training on how to support people with visual and hearing impairment.

Staff continued to supported people with meals when that support was required. A person told us, "The food is very nice. It always looks nice and compared very well with places where I eat." We saw that meals were well presented. People had a choice of meals and alternatives were available. A visiting social care professional who supported a person one day a week made a suggestion about how the meal experience of people with impaired vision could be improved by the use of coloured plates. This was acted upon the next day by the registered manager.

People's health needs continued to be met. Staff were attentive to changes in people's health. The service had strong links with a local medical practice which people were supported to attend when they needed to.

Is the service caring?

Our findings

The service continued to be caring. Staff focused on the quality of people's experience of the service. People told us that staff were kind and caring. A person described a nurse "going beyond the call of duty" by calling in on their way home after they finished work. Another person said, "All the girls are very pleasant."

People were able to form caring relationships with staff because they were supported by the same staff most of the time. The staff member who organised home care visits ensured that a person was supported by staff from a core team of five staff. They told us they did this because it was important for the person to "see faces they recognised." We saw from records that the person was supported by the same staff. They told us, "I get the same people, though it doesn't bother me if different people come. They let me know who is coming."

People continued to have opportunities to be involved in decisions about their care and support. On a daily basis staff involved people in decisions about their care, for example about the times staff came to support them. A person told us, "Their timing is excellent. If I'm going out and ask them to come at a different time they do. If I need them urgently they cooperate." Another person was involved in decisions about when staff made morning, lunchtime and evening visits. They told us, "I told them what times I wanted visits, but I don't really mind when they come because I like to see them."

People were able to be involved in reviews of their care plans if they wanted to be. Relatives were also involved when people wanted them to be involved. Staff used a 'visitor's' book in a person's home for communication with relatives. This kept relatives informed of things people using the service wanted them to know.

Is the service responsive?

Our findings

People continued to experience care and support that met their needs and preferences. They experienced care that was in-line with their care plans. The registered manager ensured that only nurses provided certain care and support and that they had the right skills and knowledge to do so. This ensured that a person had the support that met their needs. Care workers we spoke with had detailed knowledge of the care plan of the person they supported. That person's relative told us, "They [staff] understand [person] very well."

People received care and supported at times they wanted which was possible because enough staff were allocated for this to happen. A person told us, "The staff do everything I expect them to and they stay with me for the right amount of time." Another person said, "I've never had something not done that I've asked them to do."

People could be confident that they would receive the care and support in their care plans because their care plans were detailed and staff had easy to follow prompts about what care routines they had to provide. We found that the daily records staff made of their home care visits provided assurance that people received the care and support they required.

People told us they felt comfortable about raising concerns if they had any. A person told us, "I've no hesitation in going to see [the registered manager]. He listens and takes action." Another person said, "I'd tell staff or the manager if I had a concern, but I've never had a reason to raise a concern. I'm very satisfied with my care."

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be carefully considered however none of them had needed to make a formal complaint. We saw that there was a clear policy in place to manage and respond to complaints if any were made, regardless of whether this was a formal complaint or not.

Is the service well-led?

Our findings

The service had a registered manager. 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.

People, relatives and staff we spoke with told us they felt that the service was well managed. One relative told us, "The manager is very good" and another said, "The manager has made a difference. I'm more happy with the service than I was two years ago." Staff told us a reason they enjoyed working at the service was because they were supported and appreciated by the management team.

The registered manager had a clear vision of how they wanted to continually improve the service. For example, they organised for staff to receive training from a specialist organisation about how to communicate more effectively with people with sensory impairments. They encouraged staff suggestions and acted on feedback from other services who were involved in supporting people, for example introducing different crockery to enhance people's mealtime experience.

The provider had effective arrangements for monitoring the quality of the service. These included scheduled audits and observations of staff practice. People's feedback about the service was used to continually improve the service. The service was monitored by a regional director who reported their findings to the provider's 'operational board'. This meant the service was under strict scrutiny by senior managers who were supportive of the service.