

# Prime Life Limited







## Old Station Close

### Inspection report

Unit 1  
Old Station Close  
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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	

#### Overall summary

The service provides accommodation for up to 21 people with mental health needs. The service is located in a residential area of Shepshed. The premises comprise of three self-contained buildings with ensuite bedrooms and communal kitchen and lounges. At the time of our inspection 20 people were using the service.

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 and associated Regulations about how the service is run.

Staff understood and put into practice the provider's procedures for safeguarding people from abuse and avoidable harm. They advised people using the service about how to keep safe in the home and when they were out enjoying activities. People knew how to raise concerns. The provider had enough suitably skilled staff

# Summary of findings

to be able to meet the needs of people using the service. Staff prompted people to take their own medicines. The provider had effective arrangements for the safe management of medicines.

People using the service were supported by staff who had received relevant and appropriate training. This meant staff understood the needs of people they supported. Staff were supported through effective supervision and training. Staff understood the relevance to their work of the Mental Capacity Act 2005. They sought people's consent before they provided care and support.

Staff supported people with their nutritional needs by providing information about balanced diets and healthy eating. They supported people to prepare their own meals. People were supported to access the relevant health services when they needed to.

People using the service told us that staff were considerate and caring. People were able to enjoy a variety of meaningful activities that reflected their

hobbies and interests. People were supported by care workers who understood their needs. People were involved in the assessments of their needs and in reviews of their plan of care. People were provided with information about their care and support options and were involved in decisions about their care and support. Care worker's respected people's privacy and dignity.

People's plans of care were centred on their specific needs. Those plans had agreed aims and objectives which care workers helped people to achieve. People knew how to raise concerns if they needed to. People we spoke with were very pleased with the care and support they had experienced.

The provider had aims and objectives that were understood by staff and people using the service. They had effective procedures for monitoring and assessing the quality of service that promoted continuous improvement.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff supported people to understand how they could stay safe. They encouraged them to be as independent as possible and to make informed decisions about activities that carried risk of harm or injury. The provider deployed enough staff to ensure that people's needs were met in full.

Good



### Is the service effective?

The service was effective.

Staff had received relevant training and development to be able to meet the needs of people using the service. People were supported to maintain their health and access health services when they needed to.

Good



### Is the service caring?

The service was caring.

Staff understood people's needs and developed caring and supportive relationships with people. People were encouraged to express their views and be involved in the planning and delivery of their care.

Good



### Is the service responsive?

The service was responsive.

People received care and support that met their individual needs. Staff supported people to lead active lives based around their hobbies and interests. The provider sought people's views and acted upon their views.

Good



### Is the service well-led?

The service was well led.

People's views and experience were used to improve the service and staff were involved in developing the service. The provider had effective procedures for monitoring and assessing the quality of the service.

Good



# Old Station Close

## 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.

The inspection took place on 4 March 2015. The inspection was unannounced.

The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service.

We spoke with the four people who used the service at the time of our inspection. We spoke with the registered manager, a senior care worker and two care workers. We looked at the care records of two people who used the service, information about training that staff had attended and documentation from the provider's quality monitoring processes.

# Is the service safe?

## Our findings

People using the service told us they felt safe. A person told us, “I feel safe here. I know I can share any concerns I have with the manager.” Their comments were representative of what other

people told us.

An important contributing factor to ensuring safety of people was that staff received training that helped them understand the needs and behaviours of people using the service. We saw from how staff interacted with people that they had a thorough understanding of people’s individual needs and personalities. This meant people using the service had confidence in the staff who supported them. A person told us, “I feel safe because of the staff.”

In addition, all staff had received relevant and appropriate training about safeguarding people and protecting them from harm. Staff had a comprehensive understanding and awareness of abuse which meant they were able to recognise signs of abuse or potential abuse and report it. Staff we spoke with described what signs they looked for to identify abuse. For example, they were alert to any unexplained bruising or changes in a person’s mood and behaviour. Staff understood and effectively operated the provider’s safeguarding and risk management procedures. Staff told us that they were confident about raising concerns about people’s safety because they were confident that their concerns would be taken seriously and acted upon. People using the service told us that staff listened to them when they shared concerns about things that bothered them. A person told us, “I know I can share any concerns I have with the staff.”

The provider encouraged people using the service to contribute to a safe and homely environment by promoting and rewarding friendly relations between people. Staff supported people to understand what acceptable and unacceptable behaviour was. A person told us, “We know what we can and can’t do. We can’t swear at each other.” The number of incidents between people using the service had significantly reduced. Staff had been trained how to understand people’s behaviour and how to identify triggers to behaviour that challenged others.

Staff supported people to understand how to keep safe when they went out alone. Staff had done that by teaching people about safety in a way that increased their

awareness of risks in the local community. For example, staff supported people to become more confident about using local services such as shops, restaurants and pubs. A person told us, “The staff have told me how to be safe.” The provider had arranged for regular visits from the community police service to visit the service to talk to people about safety in the community.

People were supported to understand what they should do in the event of emergencies. For example, people attended the same fire safety training events that staff attended. The provider organised regular fire drills.

People’s plans of care included assessments of risks associated with people’s care routines, lifestyle and activities. It was clear from those risk assessments and what the person told us about activities they enjoyed that the provider was not risk averse. This meant that people were encouraged to participate in a wide range of activities that maintained and increased their independence. Staff helped people understand how to reduce the risk of injury from falls. They helped people understand why they had falls in the past. Staff worked effectively with a person to help them reduce the risk of falls and consequent injuries.

The provider had ensured that people were supported by staff that had the skills, experience, interests and knowledge that matched people’s needs. The staff team included people with a variety of experience and skills. People using the service were able to enjoy a variety of activities they liked because staff also enjoyed them. For example, staff played pool and chess with people. They helped people to prepare meals, cook or bake. Because staff enjoyed the same activities as people, they understood the risks associated with them and they were able to show people how to avoid them. For example, how to use kitchen equipment safely.

The provider had effective procedures for reporting and investigating accidents and incidents. We saw that reports of both had been thoroughly investigated and where necessary, people’s risk assessments had been reviewed. Staff we spoke with told us they were absolutely confident that any concerns they raised would be taken seriously and acted upon. Staff knew how they could report concerns through the provider’s whistleblowing procedures or to external agencies including the local authority and Care Quality Commission. The provider had assisted the local authority safeguarding team with investigations. They had learnt from those investigations and made improvements

## Is the service safe?

to people's safety, for example when people returned to Old Station Close later than expected after they'd been out. Those changes meant people were at reduced risk of not being able to gain access to the home late at night.

The provider operated effective recruitment procedures that ensured all required pre-employment checks were carried out before new recruits joined the service. This ensured as far as possible that only people who were suitable to work in the service were employed.

Staff reminded people to take their medicines. People knew why they had been prescribed medicines. A person told us, "I know about my medicines. I get them on time." They had been shown how to self-administer insulin and how to take insulin level readings. They told us, "I show

staff the readings." People and staff told us they knew what the possible side effects of medication were. Staff had access to information about that. Staff maintained accurate records of when people has taken their medicines and knew they had to record when people had chosen not to take them.

Medicines included 'as required' medicines (called PRN medications) which are prescribed to be given when a person needs them, for example for pain relief. When staff gave people PRNs the reasons for doing so were recorded. This meant that PRNs were given as prescribed.

The provider had effective arrangements for the safe storage of medicines and disposal of medicines that were no longer required.

# Is the service effective?

## Our findings

People were supported by staff that had the appropriate skills and knowledge to be able to meet their needs. People we spoke with were very complimentary about the staff.

Staff we spoke with felt that they had received good training. A care worker told us, “My training has definitely helped me do my job.” Another care worker said, “They [the provider] are on the ball with training. When refresher training is due we get it.” Staff had training about how to support people with mental health needs. We saw from care records how staff had put that training into practice. We saw how staff encouraged people to be independent by providing discrete support rather than doing things for people that they were able to do themselves. This showed that staff had put their training into practice.

Staff understood people’s needs because they were familiar with their care plans. Staff we spoke with told us they looked at people’s care plans regularly. We saw staff reading care plans. Staff updated their knowledge about people’s needs through conversations with them. They updated people’s care plans to include the latest information about things people told them were important to them. Staff communicated information about people with other staff verbally and through written handover notes. This meant that staff was fully informed about people’s needs.

Staff told us they felt well supported. A care worker told us, “I feel well supported. I have a supervision meeting with my manager every six months. We can discuss any issues. But I don’t have to wait six months because I can talk with my manager at any time.” Another care worker told us, “I have a supervision meeting without fail every three months.” They added that they found the supervision meetings useful. They explained, “I know if I’m on the right track. The meetings also give me an opportunity to raise any issues.” We saw from records that staff were supported through regular appraisal meetings with their manager, team meetings and being able to contact their manager at any time they needed. The provider supported staff if they wanted to take further studies and progress their careers in social care. A care worker told us, “I’ve had opportunities to progress my career.”

All staff had either had or were booked for training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty

Safeguards (DoLS). MCA and DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. These safeguards are there to make sure that people in care services are looked after in a way that does not inappropriately restrict their freedom. A person should only be deprived of their liberty when it is in their best interests and there is no other way to look after them, and it should be done in a safe and correct way. Senior staff we spoke with had an understanding of MCA and DoLS; other staff had awareness of MCA and DoLS. All staff we spoke with understood that no form of restraint could be used unless it was authorised after being judged to be in a person’s best interests. At the time of our inspection no person using the service was under any restriction. There were no restrictions on people being able to go out when they wanted. A person told us, “It’s fantastic here. We can spend our time how we want.”

The provider had updated their MCA and DoLS policy to take account of the latest Supreme Court ruling that defined how DoLS applied to care homes. Staff had access to the policy.

Assessments of people’s capacity to make a variety of decisions were made. Staff provided people with information that helped them make informed decisions about things that affected their lives, for example decisions about spending money. Staff understood that people’s decisions had to be respected.

People we spoke with were very complimentary about the quality of meals that were provided. A person told us, “They do really nice meals. I look forward to them.” Staff supported people to have enough to eat and drink and have a balanced diet. They supported people to make their own drinks and meals if they were able. We saw that people had baked cakes for themselves and other people. Staff encouraged people to have a healthy diet. We saw plenty of fresh fruit in kitchens that people had free access to. Old Station Close consists of three connected buildings each with a kitchen where different meals were prepared. This allowed people a choice from three very different meals. A person told us, “I can choose my meals. I’m having stew tonight because I know it’ll be lovely.” The food available took account of people’s dietary needs, for example food suitable for people with diabetes was available. Staff monitored people’s food and drink intake and people were weighed monthly as a means of monitoring their general health.

## Is the service effective?

Staff supported people to access health services when they needed. This included support with attending appointments with dentists, opticians and other health services. Staff were alert to changes in people's health and when necessary they arranged for the relevant health services to be involved in people's care. A person using the

service told us, "The staff look after me really well." We saw from people's care plans that the provider had worked with specialist healthcare services to support people with their individual health needs. We saw that advice from healthcare specialist had been added to people's care plans and acted upon.

# Is the service caring?

## Our findings

Staff had caring relationships with people because they had a thorough understanding of people's needs and personalities. A person using the service told us, "All the staff are kind." People's care plans were detailed and explained how people wanted to be supported. We saw that all staff had read the plans of care which had equipped them with the information they needed to be able to understand and support people. Staff supplemented that knowledge with information they obtained from people through everyday dialogue and observation. A person using the service told us, "Staff are nice, they've made it a nice place to live." A care worker told us, "We [staff and people using the service] have a laugh, it helps build a relationship."

Throughout our inspection we saw staff and people using the service engage with each other in a friendly manner and staff were attentive to people's needs. They asked people how they were and if there was anything they could do for them. We saw staff respond kindly to requests people made. Staff were alert to signs that a person appeared anxious. They provided reassurance by talking with the person and finding it what troubled them and offering an activity that relaxed the person.

The provider regularly sought people's views and involved them in decisions about their care and support. People's plans of care were regularly reviewed and updated. The person using the service told us, "I get asked for my views". People were involved in making decisions about their care and support at two levels. They were involved in regular

reviews of their individual care plans. They were also involved in discussions involving other people about things that affected them, for example planning of social events, outings and holidays.

The provider promoted people's dignity, respect and privacy through staff training and support and policies and procedures. Seven staff were accredited 'dignity champions' and the service had been awarded a gold standard 'dignity in care' award by the local authority in 2014. We saw staff understood what dignity in care meant. Staff respected people's privacy and dignity. They didn't enter a person's room without being invited to. They did not disturb people's privacy or interrupt people when they made use of quiet areas but let people know where they were if they needed anything. A care worker told us, "We treat people the way we'd want a family member to be treated."

Staff referred to people by their preferred name when they spoke with them. Conversations we heard and interactions we saw were like those between friends. People using the service told us they got on well with the staff. They also told us that they got on well with other people who used the service. We saw lots of photographic evidence that people had enjoyed social occasions and parties that had taken place at Old Station Close. We saw people engaging with each other. A care worker told us, "We try to make a calm environment for people." What we saw from daily records and incident reports and what people told us showed that the efforts staff had made to create a friendly and caring environment had paid off.

# Is the service responsive?

## Our findings

People using the service participated in the planning of their care and support through regular reviews of their care plans. Their participation and involvement was effective because it helped staff develop a good understanding of the things that were important to people and things they wanted to do. People told us that staff provided them with plenty of opportunities to pursue their hobbies and interests. They actively participated in activities such as gardening, cooking, going shopping or cleaning their rooms and helping with their laundry. People with interests in education were supported to attend a college where they learnt skills they then used at the service.

Staff supported people in a way that met their individual needs. They understood people's needs, hobbies and interests. A care worker told us, "We spend time with people to understand what they want and we respect their choices. It's about the people. We do what they want to do." People told us they were able to spend their time as they wanted. A person who had gone out told us, "I had a good time." During our inspection we saw people spending time in a variety of ways. Some people played games or watched television. Others relaxed by themselves and one person helped prepare a meal. People knew about activities that were scheduled and they looked forward to them. They were also able to participate in spontaneous activities they enjoyed because the service provided them with facilities to be able to do that. For example, we saw that people had played pool and table games.

A person told us, "I feel a lot more motivated because of the staff." People's care plans included lots of information for staff about the person's interests and hobbies and what they wanted to achieve. Staff used that information to good effect. They encouraged some people to do many things by themselves, for example, clean their room. A person told us, "We clean our rooms which is good." Staff supported people to use their skills. People had made pottery that was displayed. They painted pictures that were framed and displayed for everyone to enjoy. Some people had made Mother's day cards. Celebrating people's leisure time achievements had contributed to people being more confident about their abilities.

The mix of individual and group social activities people were provided with and the nature of the support staff provided helped people avoid social isolation. We saw staff actively participate in

Activities with people. A care worker told us they had learnt the basic of chess so that they could play chess with people who used the service.

From talking with staff, looking at records and speaking with the person who used the service it was evident that people received care and support that was centred on them. Care and support had been planned in a way that helped people increase their independence.

Plans of care were regularly reviewed with direct involvement of people using the service. Care and support had been modified in line with people's changing needs. When people required support of specialist health services the provider ensured the support was arranged.

People's views were sought in a variety of ways. These included people's involvement in reviews of their care plans, regular dialogue with staff and resident's meetings. The residents meetings were 'chaired' by a person who used the service which showed that the meetings were for the benefit of people using the service. People had made suggestions at those meetings about outings and holidays. The provider had acted on people's feedback. Outings and holidays had been arranged to places that people had selected.

People using the service knew how to make complaints or raise concerns using the provider's complaints procedure. Information about the complaints procedure was included in people's information packs about the service. The information was available in an easy to read format. People were able to report concerns to staff, the provider or, if they wanted, to the local government ombudsman. People were supported to access independent advocacy services if they wanted help with making a complaint. No complaints had been made since our last inspection.

# Is the service well-led?

## Our findings

A person using the service spoke highly of the registered manager and the management team. They told us, “We have a good manager and seniors.” They named each of the management team. They also told us that the owner of the service visited regularly, telling us “I’ve met the owner a few times.” Other people we spoke with knew who the registered manager was. Staff told us that the management team were supportive and easily accessible. A care worker told us, “We have a manager and seniors we can talk to. The manager’s door is always open.” Another care worker told us, “We can say anything to the manager. If I thought it wasn’t lovely here I know I could tell them.” During our inspection we saw that the registered manager was accessible to people using the service and staff. On several occasions people came into the manager’s room to talk and staff also came in to share or obtain information.

The provider had policies and procedures that promoted and supported people using the service and staff to raise concerns they had about the service. Staff could raise concerns using the provider’s whistle-blowing procedures which meant they could raise concerns with senior people in the provider’s organisation. Staff we spoke with knew about the whistle blowing policy. People using the service, their representatives and relatives could raise concerns using the provider’s complaint’s procedure that was accessible to them. People using the service told us they knew how they could raise concerns if they had any.

What people using the service and staff told us about the management and ease of raising concerns told us that the service had successfully promoted an open culture that listened to people and took their views into account. It also told us that management was visible at all times and that the head of the provider organisation took an interest in the service.

People using the service were involved in developing the service through regular ‘resident’s meetings’. Most people who used the service attended those meetings. Staff also attended. The meetings were chaired by a person using the service. They told us how much they enjoyed chairing the

meetings and added, “We talk about what we want and what we need.” We saw from records of the meetings that discussions had taken place about outings and activities at the service and decisions people had made had been acted upon by the provider. For example, people had discussed which fish and chip shop in Shepshed they wanted to supply meals and they agreed on a particular shop. Staff had implemented the decision people had made.

The registered manager was fully aware of their responsibilities. They ensured that effective arrangements were in place to keep the Care Quality Commission informed of events at the service such as accidents or incidents. This meant that they met their legal obligations.

The registered manager had a clear understanding of how they wanted to develop the service and shared their aims with people using the service and staff. They did this through regular dialogue with people, residents meetings and staff meetings. Staff were kept informed of developments in the provider organisation through regular newsletters.

The provider had effective procedures for monitoring the quality of service. Those procedures operated at two levels. At ‘local’ level the registered manager and seniors carried out a series of scheduled checks. These included checks to ensure that people lived in a safe, well maintained environment. Other checks included monitoring the quality of people’s care plans and record keeping. The registered manager carried out checks to assure themselves that people had been supported in line with their care plans. They monitored and investigated reports of accidents and incidents that occurred at Old Station Close and took appropriate action to reduce the risk of similar events happening again. The registered manager’s monitoring activity as subject to scrutiny by a regional director who made monthly visits to the service and reported their finding and to an operational board, the membership of which included the most senior managers in the provider organisation. This meant that the operational board was aware of how the service was performing and could, if necessary, address any concerns about the service.