

Prime Life Limited

Island Place

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Island Place provides accommodation and personal care for 39 adults with mental health needs and those who require support whilst dealing with substance misuse. Accommodation is provided over three floors with people having access to communal facilities.

People's experience of using this service and what we found

All the people we spoke with praised the home. People felt safe and were well cared for. People's preferences were respected, and staff were sensitive and attentive to people's needs. Staff were seen to be kind, caring and friendly and it was clear staff knew people well.

There were sufficient numbers of staff employed to ensure people's needs were met. We saw staff had time to sit and engage with people in conversation.

Recruitment practices were safe and staff received the training they required for their role.

Risks to people's health, safety and well-being were assessed and care plans were in place to ensure risks were mitigated as much as possible.

Staff were aware of their responsibilities to safeguard people and the home had robust procedures in place.

People's care plans contained personalised information detailing how people wanted their care to be delivered.

Staff were keen to ensure people's rights were respected including those related to ethnicity and dietary requirements.

People received their medicines safely and as prescribed. Medicine management practices were safe.

The service was provided in a safe environment.

Consideration was given to providing a variety of leisure and social activities for people to enjoy.

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided.

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

Rating at last inspection

The last rating for this service was good (report published 07 February 2017).

Follow Up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we will inspect sooner.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Island Place

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors, an assistant inspector and a specialist nurse carried out this inspection.

Service and service type

Island Place is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who lived at the service and a healthcare professional. We also spoke with three members of staff, the registered manager and area manager. We reviewed a range of records including four

care records, medicine administration records, five staff recruitment files and the training matrix. We also looked at management quality information including audit documents covering medicines, hygiene and the environment. We also looked at staff supervision, accident and incident documentation. We checked that key services were maintained such as equipment to support a safe environment.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to safeguard people from abuse. Staff were able to explain their role in safeguarding vulnerable adults and could tell us what they would do in the event of any concerns. They also understood when and how to whistle blow.
- The safeguarding policy described actions to be taken by staff in the event of a safeguarding concern.

Assessing risk, safety monitoring and management

- There were risk assessments in place. These covered a wide range of areas such as alcohol risk management, self-neglect, mental health and behavioural management. Staff understood how to care for people and meet their needs.
- Essential services such as gas, electricity and fire safety systems had been maintained and checked on a regular basis.

Staffing and recruitment

- Safe staff recruitment processes were in place with appropriate criminal and reference checks taking place prior to staff starting work with vulnerable people.
- There were enough staff to meet people's needs.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- Staff who administered medicines to people had been trained in safe medicines management and had their competency assessed.
- There were safe arrangements in place to receive, store and dispose of medicines.

Preventing and controlling infection

- The home was clean and tidy.
- Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- The service kept records of incidents and the registered manager was able to show us actions taken following incidents and learning shared with staff. It was evidenced that the manager was liaising with healthcare professionals to facilitate the discharge of a person using the service after the local community reported a specific incident.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments identified people's care needs and provided staff with guidance on how to meet these needs and people's preferences. For example, in relation to behavior and risk management.
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes.
- People had been involved in the planning of their care and their wishes were respected.
- Good communication between care staff meant people's needs were well known and understood within the team.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's mental capacity was recorded on care records.
- Due to the nature of the service there were no people restricted under DoLS.
- Staff understood the importance of gaining consent before providing care.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to do their job which included specialist training in areas of challenging behaviour, drugs and alcohol.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals.

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

- People had choice and access to sufficient food and drink. We observed people were also allowed to bring their own food into the home which included fish and chips.
- The home met people's cultural needs. For example, one person requested not to eat a certain type of meat and staff accommodated this.

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

- People's healthcare needs were met.
- Staff ran daily keep fit classes for residents.
- Records showed referrals were made to the psychiatric consultant and community nursing services when required.
- The home arranged a weekly drop in session with a community psychiatric nurse so people could access advice and support.

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

- Accommodation was provided over three floors with people having access to communal lounges, dining and washing facilities. The design met the needs of the people living there at the time of the inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as good.

At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who knew their needs, likes and dislikes well. People and relatives told us they felt cared for. One person said 'You can talk to them, have a laugh with them, cry with them, and they will listen to you when you need it.'
- Our observations showed staff were kind, caring, friendly, attentive and engaging.
- Staff told us they enjoyed working at the home.
- A healthcare professional told us 'I am coming into somewhere where people are treated with respect and dignity. The home is warm, welcoming and homely.'

Supporting people to express their views and be involved in making decisions about their care

- People, and their relatives where appropriate, were fully involved in creating and reviewing their care plans.
- People's views were sought, listened to and used to plan their care and improve the home
- Care plans included information about people's personal, cultural and religious beliefs.
- People had access to advocates if they wished.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Bedroom doors were closed and people could lock their doors if they wished.
- Staff were keen to ensure people's rights were respected. They gave us examples of how they had provided support to meet the diverse needs of people, including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and people told us how well their individual needs were met.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was flexible and responsive to their needs.
- Staff knew people well and could describe their likes, dislikes and preferences. Staff were aware of people's history and used this information to tailor their support and interactions with people.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences, which promoted their independence.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified. The home could provide information in different formats, such as large print, and was aware of their responsibility to meet the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed a wide range of activities.
- Regular activities included summer BBQ's and monthly bus trips to destinations such as Skegness and golf.

Improving care quality in response to complaints or concerns

- People had no complaints and felt confident they would be listened to if they did.
- There was a robust complaints procedure in place and records were maintained.

End of life care and support

- The service had an end of life policy in place and we could see that if people were willing to discuss it, their end of life wishes were recorded in detail on their care records.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was providing person centred care to people and this was evident from talking with people and the information in people's care records.
- People told us the service was provided in the way they wanted.
- Staff were open and transparent throughout the inspection and people and health professionals spoke highly of the registered manager and the service.
- The registered manager had implemented transitional plans for people when they left the service. This included networking with new providers and encouraged the best possible outcomes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager undertook quality audits in key areas including safeguarding, complaints, care plans, finances and incidents. There were systems in place to monitor supervision, training and competency checks.
- Staff were clear about their role and told us they were supported in their work.
- The registered manager had made notifications to CQC and the local authority as required to do so.

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

- People were involved in making decisions about their care.
- The service had asked people to complete quality questionnaires.
- Staff meetings took place and staff told us they could give their views on how best to meet people's needs.
- Staff worked closely with the community nurses, and other healthcare professionals, to ensure people's needs were met.
- The registered manager had arranged with Leicestershire Police to base a full time officer at the home. This has significantly reduced complaints of anti-social behaviour and improved relationships with the home and local community.

Continuous learning and improving care

- The manager was supported by a deputy manager and a team of senior care staff. Each had recognised

responsibilities and there were clear lines of accountability.

- Quality assurance processes, such as audits and resident and staff meetings, ensured the registered manager and provider had the information they required to monitor staff performance as well as the safety and quality of the care provided.