

Prime Life Limited

# Prime Life Limited - 32 South Street

## Inspection report

32 South Street  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

32 South Street is a residential care home providing accommodation and personal care to up to 20 people. The service provides support to people who are primarily living with mental health support needs. At the time of our inspection there were 19 people using the service. Two of these people were in hospital at the time of the inspection. The service is an adapted building set across three floors with lift access. There are several communal areas, including gardens.

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

The provider lacked robust oversight of the service. They had not undertaken an audit of the service for over a year. We have made a recommendation in relation to this.

The medicines audit did not comprehensively assess medicines, however, a new one was due to be implemented. All other governance systems were effective in identifying shortfalls, and remedial action was taken.

The service had recently been redecorated, however, some of the floors in the bathrooms required replacing.

Risks in relation to people's individual health and wellbeing needs had been planned for, mitigated and regularly reviewed. Staff understood how to safeguard people from abuse and reported any concerns to the relevant authorities.

Environmental risks had been assessed and planned for. This included regular servicing of utilities and firefighting equipment.

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

There were enough staff deployed to support people with their care and social needs. Safe recruitment practices ensured suitable staff were recruited.

People received their medicines as the prescriber intended and staff had been assessed as competent to administer medicines. Risk assessments had been completed where people managed their own medicines.

Accidents and incidents were reviewed regularly to look for themes and trends. Learning from untoward incidents was shared with staff.

There was a person-centred culture at the service and people using the service and staff were involved in

making decisions about the service, and asked for their feedback. People felt the registered manager was approachable, and staff felt supported in their work.

Staff worked with other agencies and healthcare professionals to ensure continuity of care for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (published 9 May 2019).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Prime Life Limited- 32 South Street on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We made a recommendation for the provider to undertake regular audits of the service, so they have an oversight of the safety and quality of the service being delivered.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Prime Life Limited - 32 South Street

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

32 South Street is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. 32 South Street is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### 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 quality monitoring team who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three members of staff including the registered manager and two care staff. We looked at the care records for five people who used the service and the medicines records for two people. We also reviewed maintenance and governance records which related to the day to day running and oversight of the service.

We continued to seek clarification regarding our findings following the inspection site visit. We spoke with a further two people who used the service and two further member of care staff. We also reviewed the recruitment files for two members of staff.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities in relation to safeguarding, and knew the different types of abuse, and which agencies they would report concerns to. A review of training records showed staff had completed safeguarding training and were up to date with this.
- A review of safeguarding records showed any concerns were reported to the relevant agencies when required and a safeguarding log was kept which detailed ongoing actions to manage the concerns raised.
- People we spoke with told us they felt safe living in the service.

Assessing risk, safety monitoring and management

- A review of people's care records showed risks in relation to people's individual care needs had been identified. Risk assessments and associated care plans detailed the action staff needed to take to mitigate known risks.
- Risks assessments and care plans were reviewed regularly, and people told us they were involved with the planning and assessment of their care.
- Staff were able to demonstrate a good knowledge of people's care needs in relation to keeping them safe.
- A review of maintenance records showed regular checks and servicing was undertaken of the water, electrical and gas supply. Firefighting equipment was also checked to ensure it was safe to use.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. No one living in the service required a DoLS to deprive them of their liberty.
- Staff we spoke with had a good understanding of the principles of the MCA and where they would make a decision in a person's best interest. Training records confirmed staff had undertaken training in relation to MCA and DoLS.
- Where people lacked capacity to make certain decisions, care records showed decision specific capacity

assessments had taken place. Records of best interest decision meetings showed people's legal representatives and healthcare professionals were consulted.

#### Staffing and recruitment

- Our observations showed there were enough staff deployed to meet people's needs. Throughout our inspection we saw staff were present throughout the service.
- The registered manager determined staffing levels according to people's needs using a dependency tool, which was reviewed as part of the inspection.
- People we spoke with told us they felt there were enough staff. One person told us, "Yes there are enough staff. The staff are nice, the manager is nice, we all have a good laugh and all that."
- A review of staff recruitment files showed background checks were carried out. This included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also sought from previous employers. Where reference requests had not been responded to, the registered manager completed a risk assessment and these staff worked under supervision until references were returned.

#### Using medicines safely

- The service used an electronic Medicine Administration Record (MAR). A review of people's medicine records showed they were given their medicines according to the prescriber's instructions. Where people refused their medicines, we saw this was clearly detailed on the system.
- Where people were prescribed medicines on a 'when required' basis, we saw protocols were in place for this which detailed when people may require these medicines.
- People we spoke with did not report any issues in relation to receiving their medicines.
- Some people managed their medicines. We saw risk assessments were in place for this, and one person told us how they were involved in their risk assessment regarding this.
- Staff told us they had their competencies in relation to administration of medicines assessed, and training records confirmed this took place.

#### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found the lino on some of the bathroom floors was coming up from the floor. This did not allow for adequate cleaning. The registered manager told us they would ensure any unsuitable flooring would be replaced.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to receive visitors without restriction. We observed there to be an outside visiting pod which allowed for visits to be facilitated outside when it was not safe to enable indoor visiting.

#### Learning lessons when things go wrong



- Accidents and incidents were documented, and a review of records showed appropriate actions had been taken in response to these untoward events. This included liaising with other healthcare professionals and agencies where appropriate to reduce the likelihood of further incidents.
- The registered manager undertook a monthly analysis of accidents and incidents to see if any themes or trends could be identified.
- Staff we spoke with told us learning from accidents and incidents was shared with them during handover meeting between shifts and through staff meetings.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a lack of robust oversight from the provider. The provider did not undertake regular compliance audits. The last one completed was February 2021. However, the action plan associated with the audit showed all remedial actions had been taken in a timely manner. The registered manager told us after the site visit one of the regional managers will be visiting every six weeks to look around the service.
- The medicines audit undertaken by staff at the service did not provide a thorough overview of medicines. For example, the audit did not show if a stock count of a selection of medicines had taken place, or that topical medicine charts have been reviewed. The registered manager told us a more comprehensive audit was to be implemented in July 2022.
- Governance systems were in place for other areas of the service, such as health and safety and people's care records. These were effective in identifying where improvements were needed, and action taken in a timely manner.

We recommend the provider implements a system where they undertake regular audits to assess and monitor the safety and quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a person-centred culture within the service. Our conversations with people assured us they were involved in all aspects of their care, and were involved in making decisions about how to improve the service. One person told us how they were asked for their input when the service was being redecorated.
- The ethos of the service was to support people to maintain their independence and to empower people to move on into independent living where they were able to. One person told us they worked as a volunteer two days a week, and they enjoyed this. Staff demonstrated a good knowledge of people's individual aspirations and goals, and how they would support people to achieve these.
- People using the service were complimentary about the registered manager and felt able to speak to them. One person told us, "She's a good manager, she's great. [Registered manager] is one in a million, she does so, so much for us." A second person explained, "[I am] always able to speak to the manager, like if I have any problems."
- Staff reported to us morale within the team was good and felt supported in their roles. One member of staff explained, "The service has improved since [Registered manager] has become manager. The service is

for service users, they have daily choices. Service users find it easy to come to staff or the manager. There's more interaction now."

- The provider invited people using the service and staff to complete an annual satisfaction survey. A review of the results showed the feedback was positive, and suggestions from the previous year had been acted upon. For example, new menus had been introduced after people requested this.
- There were regular meetings for people who used the service a review of the meeting minutes showed people were consulted on any changes to the service and invited for their ideas for trips out as a group.
- There were also regular staff meetings which took place monthly. A review of the minutes showed the registered manager thanked staff for their work, especially during an outbreak of COVID-19. Staff also discussed the outcome of the recent satisfaction survey and how they could further improve the service.

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 registered manager demonstrated a good knowledge of the incidents they were required to notify us of. A review of the notifications we have received showed these were submitted without delay as stipulated by the regulations.

Working in partnership with others

- Staff worked with healthcare professionals to provide continuity of care for people where they were using services in the community such as psychology or substance misuse services. Staff also worked in partnership with agencies such as safeguarding, the police and the local authority.