Prime Life Limited

Island Place

Inspection report

Gooding Avenue
Braunstone
Leicestershire
LE3 1JS

Tel: 01162855518
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

The inspection took place on 13 December 2016, and the visit was unannounced.

Island Place provides accommodation and personal care for 39 adults with mental health needs and those who require support whilst dealing with substance misuse. There were 37 people living in the home at the time of the inspection.

Island Place had a registered manager in post. 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.

Staff worked as a team to ensure people received the appropriate level of observation to keep them and others safe. The provider had recruitment procedures that ensured staff were of a suitable character to work with people at the home. Staff had received training in the areas considered essential for meeting the needs of people in a care environment safely and effectively.

Staff knew people's individual communication skills and abilities and showed concern for people's wellbeing in a caring and meaningful way. Staff were observant of people and responded to their needs quickly.

New staff received an induction which included working alongside more experienced staff. This helped them get to know people's needs and establish a relationship before working with them on a one to one basis. Staff felt there were enough staff to keep people safe and ensure people could attend activities and have planned trips out from the home.

Risk assessments and management plans covered all aspects of people's needs and included safety when outside the home, travel, finances, health and daily routines. There were appropriate arrangements for the recording and checking of medicines to ensure people's health and welfare was protected against the risks associated with the handling of medicines. However some improvements are required to ensure people's medicines are administered consistently and safely.

Staff worked within the principles of the Mental Capacity Act 2005 and had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes. Staff knew people's individual communication skills and abilities and showed concern for people's wellbeing in a caring and meaningful way. They were observant of people and responded to their needs quickly.

Care records were personalised and each file contained information about the person's likes, dislikes, preferences and the people who were important to them. Plans around behaviours were written to reinforce

positive behaviour rather than concentrating on negatives. Care plans also included information that enabled the staff to monitor the well-being of people. There were systems in place for staff to share information through having very detailed daily records for each person.

Audits and checks of the service were carried out by the management team and the provider. These checks ensured the service had continuously improved, though this had not identified in action to ensure comprehensive cleanliness or good repair of all facilities. The provider ensured all notifications required by law had been sent to us in accordance with the legislation.

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.

The registered manager and staff arranged improvements and repairs to ensure people were safe at all times. Potential risks to people were managed and concerns about people's safety and lifestyle choices were discussed with them to ensure their views were supported. Staff understood their responsibility to report any observed or suspected abuse. Sufficient staff were employed to protect people's safety. Medicines were mostly managed safely, though staff checking that people had taken their medicines was not fully in place.

Is the service effective?

Good

The service was effective.

Staff completed essential training to meet people's needs safely and to a suitable standard.
Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005 and asked for people's consent to care before it was provided. Staff provided an effective service that met peoples' dietary choices and healthcare needs.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people as individuals, recognising their privacy and dignity at all times. Staff understood the importance of caring for people in a dignified way. People were encouraged to make choices and were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and they and their families were involved in planning how they were cared

for and supported. Staff understood people's preferences, likes and dislikes and how they wanted to spend their time. People felt confident in raising concerns or making a formal complaint if or when necessary, and felt these would be taken seriously.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who developed an open and friendly culture in the home. The provider used audits to check people were being provided with good care and to make sure records were in place to demonstrate this. People living in the service had opportunities to share their views and influence the development of the service.

Island Place

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 was 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 visit took place on 13 December 2016 by one inspector, a specialist advisor and expert by experience. The visit was unannounced. A specialist adviser is a qualified social or healthcare professional. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both our specialist advisor and our expert by experience's area of expertise was the care of people with mental health needs.

Before the inspection visit we looked at our own systems to see if we had received any concerns or compliments about Island Place. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We considered this information when planning our inspection to the home. We spoke with commissioning staff from the local authority who told us they had undertaken a quality monitoring visit, and found the provider was operating effectively.

The provider is required to send us a Provider Information Return (PIR). This allows the provider to provide some key information about the service, what the service does well and improvements they plan to make. This provider completed and returned it to us in a timely fashion.

During this inspection, we asked the provider and registered manager to supply us with information that showed how they managed the service, and the improvements regarding management checks and governance of the home following our previous visit. We also asked the provider to forward more information electronically, and these were forwarded the day following the inspection.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported. We used the short observational framework tool (SOFI) to help assess whether people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing

care to help us understand the experiences of people who could not talk with us.

To gain people's experiences of living at Island Place, we spoke with seven people. We also spoke with a director, an associate director, the registered manager and four support staff. We looked at five people's care records to see how they were supported. We looked at other records related to people's care such as medicine records, daily logs, risk assessments and care plans. We also looked at quality audits, records of complaints, incidents and accidents at the home and health and safety records.

Good

Is the service safe?

Our findings

Most of the people we spoke with felt safe in the home. However one person said, "I don't always feel safe because of the behaviour of other residents, but staff step in and settle things down soon enough." Another person said, "I feel safe here but sometimes the behaviour of other residents can cause (me) some anxiety." We spoke with the registered manager who told us the staff take people's safety very seriously, and act accordingly to deal with any situations that placed people at risk.

Staff understood how to protect people from abuse. They had received training about safeguarding people and knew the provider's safeguarding policy and procedure. We gave staff different safeguarding scenarios and they told us for each one, they would report what they had seen or heard to the registered manager or senior on duty. They also understood the whistleblowing procedure if senior staff did not act on the information given.

Staff had a good understanding of their roles and responsibilities. Senior staff allocated tasks and duties to support staff on a shift by shift basis to ensure staff kept people safe and met their needs.

We looked at three care records. The risks associated with each person's mental and physical health were detailed, and care plans had been written which informed staff how to minimise the risks to people. For example, triggers to people's behaviour had been detailed, as well as whether people had risks associated with poor personal hygiene and how staff should try to reduce the risks linked to this. We asked staff about the risks related to people whose records we had reviewed. The information they gave us about each individual tallied with the information we saw in the care records.

People felt the maintenance of building including their bedroom was good. The premises were safe. However there were some areas in need of repair. There was a broken pane of glass in the stairwell door on the third floor of the home, which was a potential fire risk. There was also a hole in the activity room wall and further holes in a corridor wall outside a bedroom. There were also some toilet and bathroom door locks that required replacement. We spoke with the registered manager who explained these areas had been added to the repair book and they were awaiting a visit from the company's maintenance team to rectify the issues. They also added that that these were a recurrent problem that was regularly repaired. Maintenance staff we spoke with confirmed this.

Health and safety audits showed that water temperatures had been checked, there was servicing of equipment such as the lift and fire records showed that there was a regular testing of equipment and fire alarms. Regular fire drills had taken place and we saw evidence to confirm that all staff had received practice in a fire drill situation in the past 12 months. This meant that staff were trained to ensure peoples safety in the home.

Our observations confirmed that staff were present in communal areas regularly through the day, and employed in numbers to promote peoples' safety. Staff responded to people's needs in a timely way. Staff told us there were six staff on duty between 8am and 8pm with three staff at night time between 8pm and

8am. Staff told us they felt there was enough staff on duty to meet people's needs. We confirmed staffing numbers with the staff rota.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for three staff. We found that the relevant background checks had been completed before staff commenced work at the service. DBS checks help employers to make safer recruitment decisions and ensure that staff employed were of good character.

People felt their medication was given at regular times each day. One person said, "We get medicines on time." We also heard one person querying a medicine as this had changed colour. We heard the member of staff give a good explanation of the reasons and observe the person taking their medicines.
People confirmed staff supported them with their medicines.

We looked at the medication administration records (MARs) for five people. We saw there were reliable arrangements for ordering, storing, administering and disposing of medicines. There was a sufficient supply of medicines and they were stored securely. The support staff who administered medicines had received training and we saw them following written guidance to make sure that people were given the right medicines at the right times.

A person said staff didn't always watch him take his medicine. We saw that some people were not observed by staff taking their medicines. We also saw three people walk off with tablets in their hand, and take them once away from the medicines trolley. We spoke with the registered manager who stated she would remind staff of the correct procedure, and include this in the periodic observations of staff.

People who were planning to move back into the community were risk assessed to hold and administer their own medicines. People in receipt of 'as required', or PRN medicines, had instructions added to the MARs to detail the circumstances these should be given and included the maximum dose the person should have in any 24 hour period. We observed the lunch time medication round and heard people being offered pain relief which was prescribed on an 'as required' basis. That demonstrated that staff understood when and how these medicines should be offered.

We found that medicines were stored securely and a record of storage temperatures for the medicines room and medicines fridge had been kept by staff and were within acceptable limits. Staff knew the storage temperature limits and what to do if these exceeded or fell below the recommended maximum and minimum. We saw there were preparations in place to provide an air conditioning unit to fully ensure the temperature in the room remained within acceptable limits at all times.

People felt that cleanliness of the home was good and staff helped them clean their rooms. From our observations, we saw that the home was clean.

Good

Is the service effective?

Our findings

People told us they felt that staff were trained to support their needs effectively. One person said, "I think the staff have the correct skills to care for me." Another person said, "The staff have the correct skills to care for us."

Staff told us they had received enough training and support to provide them with the skills and knowledge necessary to meet the mental health needs of people who lived at Island Place. They told us they received training each year which was considered essential to meet the health and safety needs of people. This included food hygiene, fire training, and safeguarding. They also told us they received training about mental health conditions, alcohol dependency and dementia.

Staff had also undertaken training to support them in their roles as health and social care workers. The staff we spoke with had undertaken induction training before commencing national vocational qualifications (NVQs) in health and social care. These were at different levels which corresponded with their responsibilities in the home.
We spoke with the registered manager who explained that staff commenced their induction training in line with the Care Certificate. This is nationally recognised training on a number of essential care issues. Staff confirmed they had undertaken this.

A senior worker told us they had the role of monitoring staff and supporting them with improvement. They told us if they saw something which could be improved they would discuss this with staff in a caring way to ensure staff saw this as a positive for improvement rather than a negative about their skills.

The provider ensured staff were supported in their work by ensuring the registered manager and senior staff provided support staff with regular supervision meetings. Staff supervision was used to advance staff knowledge, training and development by regular meetings between the management and staff group. Staff told us they received individual supervision meetings six times a year, and also received a yearly appraisal. They felt the supervisions and appraisals were useful and a two way process of looking at what they were doing well and what they could be helped to improve on. We were told the supervision sessions focused on attendance, attitude and ability.

People told us that staff always asked for people's consent before offering care and support. Staff understood the principles of the Mental Capacity Act. They told us they had received training to understand the Act, and this included information about Deprivation of Liberty safeguards. They told us there was nobody who lived at the home who required a DoLS, as nobody had their freedom restricted. There were two people who needed staff to support them when going outside in the community but they had been assessed as having enough capacity to consent to the support as a safety measure.

Staff were aware that the financial control two people had over their individual finances, had been removed from them after best interest meetings had determined they no longer had the capacity to manage their money. Appropriate arrangements had been made to ensure their money was placed in safe keeping.

Where possible, the registered manager had received the written consent of people for their care plans. Staff knew the importance of seeking consent before providing care and support to people who had capacity. We asked one member of staff what they would do if a person refused to have a shower. The member of staff told us they could not force the person to have a shower, but would look at trying to encourage them to have one by having a private chat about why it would be beneficial. They told us if the person continued to refuse and it became a health and safety issue, they would have to speak with the registered manager and see what further action was necessary.

Staff told us they had received training to manage people's behaviours safely, and they had also received training about restraint. We asked one member of staff whether they ever restrained people at the home, and they told us they did not.

We had mixed opinions about the food people were offered. One person we spoke with did not like the food saying it was, "Bland." Other people enjoyed the food, one said to us, "You can get a nice meal here and the portions are good, and there's enough on the plate." Another person said, "It's better that it used to be." Another person said, "It's chicken casserole today, very, very good." Another person said, "We get to choose from two dishes, we can have one or the other. It is good and I like the choices."

However people did not know what the choices were for lunch that day. We spoke with the registered manager about this who said there was a menu placed in the dining room, though this was regularly removed by an unhappy service user. She indicated she would look at more secure alternatives to ensure people were fully aware of the meals on offer.

People were supported to have enough to eat and drink. A member of staff told us they had a wide choice at breakfast and at tea time as staff prepared these meals in the home. However the choice of meals at lunchtime was from the central kitchen, which the company used to provide lunch time meals to a number of homes in Leicester. We saw people having regular drinks during the day with a regular supply of hot drinks, and a cold drinks machine in the dining room. This prevented people suffering from dehydration.

Staff were aware of people's individual likes and dislikes in relation to food. They were also aware of people's religious and cultural requirements. One person's care record showed the person preferred to eat a diet in line with their cultural needs, although would eat many types of meal, no matter how the meat was prepared. We found the central kitchen only provided halal chicken and no other halal meat. This meant the person's religious needs were restricted. The registered manager and regional director contacted the provider's central kitchen to extend this choice on the day of our visit.

People told us they have regular visits to the doctor and dentist and one person said, "I just have to ask the staff to make an appointment for me and staff are happy to take us in their cars."

Good

Is the service caring?

Our findings

People told us the staff were caring and approachable. One person told us, "I like it here the staff are nice." Another person said, "They look after me well, and always use my first name."

There was a comfortable and friendly atmosphere in the home. We saw staff listen to people's concerns and made sure people felt they mattered. We also saw friendly banter between them.

Staff respected people's needs and how their mental health impacted on their behaviours. They understood how to manage people's mental health conditions in a caring and calm way.

Where possible, care records provided staff with information about the person's preferences and personal histories. These gave information about the people who were in the person's life, their likes and dislikes, and what their history was before coming to live at Island Place. For example, one person disliked being with other people, so preferred to stay in their bedroom but liked smoking and watching television.

We saw staff understood the importance of people's privacy and confidentiality. Information about people was stored securely, and staff spoke about people when they could not be overheard. One member of staff showed the importance of respecting confidentiality by not providing us with information about a person until we had re-assured them we had the right as regulators to know about people who lived in the home.

Staff respected people's right to independence and their right to make individual choices. During our visit, people were coming and going from the home to undertake various day time activities, and to see friends outside of the home environment.

However we had mixed opinions about how people felt about their dignity. One person said, "Staff don't always knock before coming in my room, more often they knock and enter." Another person said, "They're very good with me, they always knock on my door before entering." And another said, "Staff always knock on my door before coming in." And another, "I get the care I need and it's given in a respectful way."

Many of the toilet, bath and shower rooms did not lock, which did not promote people's dignity. The registered manager was aware of this issue and had added these to the maintenance book, to have the locks repaired.

All staff we spoke with told us the home passed the 'friends and family' test. They felt that their relation or friend would be safe in the home and be supported by staff who cared for them.

Staff understood the importance and principles of caring for people in a dignified way and they described to us the caring qualities staff had at Island Place. Staff told us there was a good staff team who knew people's needs and worked as a team.

For safety, CCTV had been installed so that the stairwells and front door area could be monitored. There was

no CCTV in any other public areas or people's bedrooms or toilets, so that people's privacy had not been compromised.

Good

Is the service responsive?

Our findings

We saw that people received personalised care that was responsive to their needs. One person said, "I get pretty good care here, they do their best."
Another person said, "I can remember seeing my care plan but I can't remember signing it."

We looked at five care plans which included pre-admission assessments. Care records showed that where possible, people were involved in contributing to their assessment and care plans. The care plans demonstrated that staff had asked people questions about what was important to them and how they wanted to live their lives at Island Place. One person was supported to become more independent and was in the process of moving out of the home to live independently.

A number of people who lived at the home had drug and alcohol dependencies. The home was responsive to their needs but at the same time understood their legal responsibilities. Some of the people who lived at the home did not have the support of external drug and alcohol agencies (they did not meet the criteria, or would not go to the service and the service would not come to them). The registered manager stated that the home was moving towards trying to have a drug and alcohol support group of those people which took place within Island Place.

The office had been moved to a different part of the building. This was because the registered manager had recognised that the previous office was close to where people congregated, and it might put people off from coming to speak with the registered manager if others were around. The new office was still on the ground floor, so it was central to people, but in a quieter area of the ground floor.

Care plans were reviewed on a monthly basis. Each month people were asked if they wanted to be involved in care plan reviews, and we saw that people chose when to be involved or not.

One member of staff told us how they responded to a person's desire to be able to shop for themselves. The person had a condition which meant they struggled to walk. They would encourage the person to rest for a couple of days, so they would have the energy to walk around the shops – something they loved doing.

Care planning was linked to people's needs and care plans were written in a person centred way which included information about people's preferences and, where possible, their life histories. Care plans contained information on people's individual health and dietary needs.

People told us they were offered activities that responded to their individual needs. Some people were interested in further education. One service user said, "I want to pursue a career in computers." Another person said, "There's not many activities during the day, but I enjoy listening to music." We spoke with the registered manager, who said they provided a range of board games, bingo, outdoor activities, live music afternoons and 'jukebox' music.

Other in house activities that were organised for people included a 'bonfire' party, and planning was

underway for the festive period. Some people had been out and dug their own Christmas tree and a mince pie afternoon and cheese and wine party had been arranged as a lead up to Christmas. Parties had been arranged for Christmas and to see in the New Year.

Another person we spoke with said, "(They) liked to help the staff with a little bit of cooking" and added, "I sometimes help them with my ironing." Other people had self-help interests such as cooking and cleaning skills to prepare them for moving into independent accommodation. Some continued to pursue relationships outside the home, and continued meeting with friends.

The minutes of service user and staff meetings confirmed discussions around the menu, activities and staff changes.

The provider had systems in place to record complaints. We spoke to one person who made a complaint to staff in the past and they said, "Staff handled it well." People we spoke with said they knew how to make a complaint, and indicated they were satisfied how staff dealt with any issues. Records showed the service had received no complaints in the last 12 months.

Good

Is the service well-led?

Our findings

People were supported by and open and inclusive culture and leadership in the home. People told us they felt supported by the registered manager and staff team, and felt there was an open and friendly culture in the home. People knew who the registered manager was. One person said, "We see the manager in the home almost every day and she always tries to answer any questions or maybe just talk with us." Another person said, "We have regular resident meetings where we can grumble about things." And another, "I know who the manageress is, she's always around somewhere. When I do see her, she is always friendly."

We looked at the mission statement by the provider. A mission statement is a document that should guide the actions of an organisation and spell out its overall goal. One part of the mission statement was, 'Prime life aims to provide a comfortable, homely and safe living environment within a friendly and social atmosphere.' Another part detailed, 'Prime Life puts client respect, dignity and rights of choice at the heart of everything we do.' During our visit we found these mission statements being put into practice by the home's management and staff team.

Staff said they were supported by the registered manager and seniors. They told us the registered manager was supportive. One member of staff said, "The (named registered manager) is helpful. She likes everything done properly, she hands on. I would definitely go and talk to her if I needed to." Another said that the registered manager was always good at "noticing if someone was stressed, and dealing with it." Another said the registered manager was, "Lovely. You can talk to her about anything, she will sit and listen."

We saw the registered manager was fully engaged with the staff and the people who lived in the home. She was often out of the office in the main part of the home supporting people and staff with day to day queries and issues.

People who lived at the home were invited to the weekly coffee 'morning meetings' with the registered manager. We looked at a sample of the minutes of these meetings, and saw that people had requested more of the same in house activities such as music afternoons and bingo.

We found that people who used the service were asked to contribute to the quality assurance process. Questionnaires were distributed which allowed people to comment about the quality of service offered by the staff. Staff confirmed people at the home participated in the process and we saw evidence where 29 out of the 37 questionnaires given out were returned.

We saw some of the feedback had been adopted by the provider, where trips to the gym and swimming were arranged out of the home. That meant the provider embraced the quality assurance process and provided evidence of an open and transparent culture.

The provider's procedures for monitoring and assessing the quality of the service operated at two levels. The registered manager oversaw staff who carried out a range of scheduled checks and monitoring activity to provide assurance that people received the care and support they needed. For example these included

checks of the fire alarm system, food temperature probing and other safety checks. There were also audits of the medicines system, staffing levels, staff recruitment, staff supervision, infection control, and maintenance checks.

The registered manager also held regular meetings with all staff a monthly basis. The associate director spent one day a month in the home, and was in regular telephone contact with the registered manager and staff. On the monthly visits they undertook some quality checks and discussed any changes and so ensured that people who lived in the home were safe and well supported. They also spoke with people and staff whilst in the home. Staff confirmed the associate director visited the home regularly. Reports of these visits were made available for the board of directors.

The provider understood their legal responsibilities and ensured that we were notified of events that affected the people, staff and the building. The provider had a clear understanding of what they wanted to achieve for the service and they were supported by the registered manager and staff group. There was a clear management structure in the home and staff were aware who they could contact out of hours if needed.

Staff had detailed job descriptions and had regular staff and supervision meetings. These were used to support staff to maintain and improve their performance. Staff confirmed they had access to copies of the provider's policies and procedures. They understood their roles and this information ensured that all staff were provided with the same information. This was used to provide a consistent level of safe support throughout the home.

We saw a system in place for the maintenance of the building and equipment, with an on-going record of when items had been repaired or replaced. The company employed a maintenance team that regularly visited the homes in the area and undertook repairs whilst on site. We looked at the record of safety tests undertaken in the home. Most of these were done by the Prime Life's 'estates' team from their head office. The periodic test of gas appliances and electricity supply were up to date and were performed by appropriately qualified engineers. The fire alarm system was tested regularly which ensured it was in good working order. There was a business continuity plan produced by the provider. This had information for managers and support staff in the event of a significant failure of part of the building, water gas or electrical services. That meant support staff had information they could use to deal with a building emergency without undue delays.

The registered manager understood their responsibilities and displayed a commitment to providing quality care in line with the provider's vision and values. Staff were aware of their accountability and responsibilities to care for and protect people and knew how to access managerial support when required.