Prime Life Limited

Stoneygate Oaklands

Inspection report

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Date of inspection visit:
29 November 2016

Date of publication:
13 January 2017

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 29 November 2016, and the visit was unannounced.

Stoneygate Oaklands provides accommodation and personal care for 44 people who have specific mental health needs. There were 41 people living in the home at the time of the inspection.

Stoneygate Oaklands 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.

At the last inspection of the service in 25 November 2013 we asked the provider to make improvements where people's medicines were administered. We received an action plan from the provider which outlined the action they were going to take. This advised us of their plan to be compliant by January 2014. At this inspection we found that improvements had been made in the management of medicines including the administration of medicines and any excess medicines disposed of safely.

At the last inspection of the service in 25 November 2013 we asked the provider to make improvements to demonstrate they acted in accordance with people's wishes, and to ensure where people lacked capacity, that support was in place to assist them to make informed choices about their care or support. At this inspection we found that 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.

At the last inspection of the service in 25 November 2013 we asked the provider to make improvements to the choices of food people were offered and to ensure people were offered a nutritious diet. At this inspection we found that improvements had been made and people were regularly consulted about what the menu choices should include.

Staff felt there were enough staff to keep people safe and ensure people could go out when they wanted to. Staff worked as a team to ensure people received the appropriate level of support 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 training was provided in areas considered essential for meeting people's needs safely and effectively.

Some windows in the home required adjustments to ensure peoples' safety. Tests to ensure that the environment was safe were undertaken regularly, and there was a business continuity plan to ensure the effective running of the service in an emergency. 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.

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 with them before support them on a one to one basis. Staff had been provided with safeguarding training and the registered manager understood their responsibilities to manage any safeguarding concerns raised by staff.

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.

Care plans and support records were personalised and each file contained information about the person's likes, dislikes, preferences and the people who were important to them. 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 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. 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.

Some areas of the home required safety improvements 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 or their relatives 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 managed safely.

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?

Requires Improvement

The service was not always responsive.

One person's health needs were not consistently monitored, and some healthcare passports lacked vital information. The remaining people received support that met their needs and when they chose to. People were involved in planning how their

support was organised.

Staff understood people's preferences, likes and dislikes and how they wanted to spend their time. People told us they would have no hesitation in raising concerns or making a formal complaint if or when necessary.

Is the service well-led?

Good

The service was well led.

The home had an open and friendly culture. 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 using the service, their relatives and visiting professionals had opportunities to share their views and influence the development of the service.

Stoneygate Oaklands

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 29 November 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 Stoneygate Oaklands. 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 following our visit, as some documents were not available on the day, 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 Stoneygate Oaklands, we spoke with ten 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

At the last inspection in November 2013 we found that staff administered medicines in a way that posed a risk to people potentially receiving the wrong medication, or not receiving the medicines they required. At this inspection we found medicines were administered safely.

We spoke with a group of people about their medicines. One person said, "We get medicines on time." Another person in the group agreed with this comment.

People we spoke with said 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 correctly following written guidance to make sure that people were given the right medicines at the right times. People who were planning to move back into the community were risk assessed to hold and administer their own medicines.

Support staff who administered medicines were observed regularly by one of the management team to ensure that they were competent, administered, stored and recorded the medicines in a safe manner. One member of staff said, "I'm not trained to give medicines but I can witness a signature." We spoke with the registered manager who said, they would check which staff had to complete their medicines training. They added that they performed medicine audits and had not encountered untrained staff signing for medicines, and would check again to ensure this did not happen.

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 told us that they felt safe and staff cared for them safely. One person described how they felt living in the home, and said, "The staff keep me safe as I have everything I need to make sure I don't fall."

Staff were able to tell us about people's individual needs, and the support they required to stay safe. People's care records were reviewed regularly and included risk assessments, which covered areas related to people's health, safety, care and welfare. Care plans and associated risk assessments identified any

changes in risks to people's health and wellbeing. The care plans provided clear guidance to staff in respect of minimising risk. People told us they were involved in discussions and decisions about how risks were managed.

The provider had a safeguarding policy and procedure in place that informed staff of the action to take if they suspected abuse. Staff we spoke with had received training in protecting people from harm and had a good understanding of what abuse was and their responsibilities to act on any concerns they had about people's safety. Staff knew the different types of abuse and how to identify them. Staff were aware of the whistle blowing policy and told us how they could use it if their concerns were not acted on. They also knew about the companies own internal whistleblowing contact telephone number, and which authorities outside the service to report any concerns to if required. This ensured staff were aware how to safely support and protect people. The registered manager was aware of their responsibilities and ensured safeguarding situations were reported to the Care Quality Commission as required.

We spoke with the staff about what they would do if they suspected someone was being abused at the service. One member of staff said, "I've had training about abuse. If I suspected anything I would tell (named staff) and they would report it to safeguarding." Another member of staff said, "If I was worried I could whistle blow and it would be reported to safeguarding. I've never had to."

Care plans we viewed were sufficiently detailed to enable staff to support people safely and consistently. Care plans contained an 'all about me' section which included details of the person, their life history, likes and dislikes as well as contact details of people important to the person.

Care records contained individual risk assessments which were regularly reviewed and covered areas such as swallowing difficulties, health related conditions and going out alone. The staff we spoke with were aware of their responsibilities to report any changes, to ensure assessments were updated.

The premises were generally safe and well maintained, however we saw some paint and bottles of bleach were stored next to peoples' bedrooms. We spoke to the registered manager who explained they had just been delivered and quickly arranged to have these locked away properly. During the visit we also saw some of the window sills were a low height. The provider had put some precautions in place, but still left people at risk from, tripping or falling onto the window and suffering cuts from broken glass. The registered manager sent us information that additional safeguards to prevent the glass shattering had been put in place, the day following our inspection.

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.

Personal emergency evacuation plans (PEEP's) had been completed and included information about how staff were to support people in an emergency. The PEEP's stated if a person required any mobility equipment and how to reassure them. However two files we viewed did not contain this information. We spoke to the registered manager who stated they would review all care plans and ensure PEEP's were in all files and readily available in an emergency. Some people were known to smoke in their bedrooms, information was highlighted in PEEP's and risk assessments were in place for people which included strategies to reduce the risks.

Our observations confirmed that staff were present in communal areas regularly through the day, and

employed in numbers to promote peoples' safety. Staff confirmed there was a senior and four support staff in a morning, afternoon and evening, and three waking support staff at night. Staff told us they believed staff were employed in sufficient numbers to ensure people were cared for safely.

When we spoke with support staff about staffing numbers one person said, "It can change day to day, with mental health, if someone's health deteriorates it can become a bit too much. You have to change the activities because you are needed to support others." They went on to say, "If someone is ill a senior will ring around to see if someone can step in. It's not often that shifts aren't covered, it happens more at night." We spoke with the registered manager about this who said three night support staff have recently resigned, but recent recruitment had filled those positions, and night cover was not now a problem.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for four staff. We found that the relevant background checks had been completed before staff commenced work at the service. One person said to us, "I had a Disclosure and Barring Service (DBS) check and two interviews. DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. I was a young carer and got this job straight from school, I had to get personal references. When I started I had to complete some training and spent time shadowing other staff."

Good

Is the service effective?

Our findings

At the last inspection in November 2013 we found the service did not have suitable arrangements in place to demonstrate they acted in accordance with people's wishes. In addition, where people lacked the capacity to make an informed choice about their care or support, there was limited evidence that the provider had ensured their legal rights were upheld. At this inspection we found people's rights were upheld and staff were effective in recognising people's capacity and choice.

The registered manager, nursing and most support staff had been trained in the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 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 people lack mental capacity to make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. Mental capacity assessments were completed when it was believed that a person did not have the ability to make a decision about their care. However we saw that this assessment was made by a single member of staff and that no other professionals, relatives or friends were included in the process. That meant this process was made in isolation and did not effectively reflect best practice and protect the persons' human rights. We spoke to the registered manager who said a second member of staff would normally be involved in these decisions where there was no family member or advocate available.

There were no people that had DoLS authorisations in place. The registered manager had applied for the necessary authorisation from the local authority for one person, and was awaiting the outcome.

At the last inspection in November 2013 we were concerned that people's food preferences and choices were not being taken into account by the service. At this inspection we found staff were effective in providing people with the choice of a varied and nutritious diet.

When we discussed food and drinks with people, one person said, "Oh the food is wonderful. We get plenty of food and I never have to ask for seconds. There are always plenty of drinks both hot and cold." 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."

People enjoyed the meals which provided a well-balanced choice that met people's needs effectively. We looked at the service's meal provision and how staff ensured that people received a nutritious diet and maintained a healthy weight. The lunch time meal was produced by a central kitchen. The provider used this to provide meals for a number of homes in the Leicester area.

Menu preferences for the remaining meals were discussed at regular meetings between people using the service and staff. The choices put forward by people were then used to provide choices at the breakfast, evening and supper meals. Information on peoples' likes dislikes and dietary needs were recorded in their care plans, and distributed to staff.

Where a person was at risk of choking the care plan guided staff in cutting their food into small pieces. Staff were aware of people's individual dietary requirements. One member of staff told us, "[Named] was seen by the speech and language therapist (SALT) and they don't need their food pureeing but they need help to make sure the pieces aren't too big." Staff were also aware of peoples' food allergies and where food and drinks were altered to suit peoples' individual choices. That meant the home's food provision was effective in meeting peoples' dietary needs.

People had the choice of eating in the dining room, lounge or their bedroom, and the atmosphere at lunchtime was relaxed. Staff were attentive and responded to peoples' requests and provided choices to people throughout the meal.

We saw where staff assisted some people to eat their meal. The members of staff were seated, with good eye contact and assisted the person at a pace to suit them. Following the meal we heard people commenting how good the meal was.

A drinks trolley was provided flasks of tea and coffee, mugs, cups, milk and sugar. People were able to help themselves or were assisted by staff to have a drink. This trolley was regularly refreshed and there were also jugs of squash around the lounges should anyone prefer a cold drink. We did not see where snacks were freely available for people. We discussed this with the registered manager who said snacks were offered with drinks or if someone asked staff for one. They added snacks could not be left out as one person that required a special diet, could choke on this type of food. We saw there were snacks and fruit ordered regularly and were stored in the kitchen ready for distribution.

We asked a staff member, what actions they would take if they found a person had lost weight. They said, "We do weigh people some more often than others. If I thought that someone needed to be weighed, I would tell the manager so they arrange it."

We saw people's dietary needs had been assessed and where a need had been identified, people were referred to their GP or dietician. This ensured any changes to people's dietary needs was managed in line with professional guidelines. The registered manager said if they were concerned about the health of anyone monitored this way they would seek further medical advice. This approach helped to ensure that people received effective support with their nutrition and hydration.

People told us they were happy with the staff that supported them and felt they understood their needs and how they preferred to be cared for.

A member of staff said, "The best thing about the home is it's nice to come here but I would like there to be more staff." Another said, "We're always supported, we have a manager or senior to talk to and we get a lot of training each year."

Staff felt there was enough training and they did not feel they had any gaps in their knowledge. There was evidence staff had received induction training after they commenced their employment. This was followed by training in safeguarding, moving and handling, food and hygiene, fire awareness, health and safety and mental health awareness. Training was reviewed regularly and staff were supervised to ensure their practice

remained at a high standard.

One member of staff said, "I prefer face to face training, I struggle to take information in from booklets. We have to complete the booklets at home. It's hard to find time to do it at work but by the time you get home it is very late." Another said, "I've got my NVQ level two and I'm going to start my level three in January."

Staff felt communication and support amongst the staff team was good. There were daily handover meetings which provided staff with information about people's health and wellbeing. Staff also told us they felt supported through regular staff meetings with the registered manager. Staff supervision was used to advance staff knowledge, training and development by regular meetings between the management and staff group. One member of staff confirmed, "I have [supervision] meetings every 3-6 months and I can ask for any support I need. It [supervision] is based on attendance, ability and attitude, you receive guidance on how to improve." Supervision benefited the people using the service as it helped to ensure staff were more knowledgeable and able to care and support people effectively.

The registered manager and staff were effective in arranging people's healthcare that ensured people were able to maintain good health. People told us their health and medical needs were met, and they were happy for the staff to arrange GP and health appointments for them. One person said, "The doctor comes in to see everyone." The person went on to give an example of a quick response by the home to a medical emergency, and said, "They called an ambulance and I went to the LRI." People's care records showed that people received health care support from a range of health care professionals and when necessary were accompanied to external medical appointments by relatives and staff. The records we viewed confirmed most people were subject to regular health checks by their GPs, specialist health professionals' and hospital consultants.

Information was recorded in care plans following visits by health professionals and contained enough information to inform support staff of any changes to their healthcare.

Good

Is the service caring?

Our findings

People told us the staff were caring and approachable. One person told us, "I like the staff as they look after us, they will do anything you want." Another person said, "They look after us well, I like them. I used to be a nurse and it's nice to look after people." And another said, "The staff are very good, I have everything I want." We heard another member of staff in conversation with a person using the service and said, "We are doing the Christmas food shop soon; you need to think of what you want to go on there. The staff are also going to buy presents for you of what you want as the fund is at £500. Do you remember at the meeting, we talked about it?" The person said they did, and would think about what they would like adding to the list. These examples demonstrated a caring attitude by staff.

One member of staff told us, "We get £25 each at Christmas from Prime Life. We have agreed this year to give it to residents, it's nearly £500 for [additional] gifts and treats. They don't get a lot and we want them to know we care about them." The registered manager explained this was in addition to the current Christmas allocation of monies from prime life.

We observed staff interactions throughout the inspection which showed that staff supported and reassured people. We saw where one person was assisted by a member of staff to wrap some Christmas gifts. We ascertained this had been pre-arranged by the person to ensure they were wrapped in time for distribution to their family members.

Some people were unable to fully express their views and opinions, and records showed that some family members and advocates had been involved in care plan reviews. And advocate is a person independent of the person's relative or the residential care home who represents the best interests of the person. There was information in care plans to ensure people were referred to by their preferred name.

Care records were occasionally signed by people, though staff told us care plans were read to people and their comments recorded. People confirmed this, one person said, "I know I have a care plan, but don't want to sign it, the staff have read it to me in the past." The registered manager said care plans reflected people's needs and were reviewed regularly and changes made when required.

We observed that staff checked on people's well-being throughout the day, and knocked on bedroom doors before entering. Individual choices, preferences and decisions made about peoples care and support needs were recorded. The daily records included the care and support people received, and demonstrated that staff supported people's decisions about how they wanted to be cared for.

One member of staff said to us, "I love it, it's not my job it's my hobby. I do a lot of overtime because I enjoy it." Another said, "I talk to all the service users a lot, you can tell with their body language if they're not happy."

One member of staff said, "If I take a person to the toilet I make sure you're the only person going into that room and that others aren't going to try to come in." "One person wasn't well and was sitting so they were

slightly exposed. I moved people to another lounge and then helped rearrange their clothing." Another staff member said, "During personal care I make sure doors are closed to respect their dignity."

People told us their privacy was observed and they were treated with dignity. We saw staff assisted people to the toilet and ensured the door was closed and locked which ensured the person's privacy and dignity.

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

Requires Improvement

Is the service responsive?

Our findings

We saw that people received personalised care that was responsive to their needs. One person told us that they used to have a bedroom upstairs. They said, "I struggle to walk as I don't have balance underfoot. I now have a room downstairs which I prefer". The person was also measured for a walking aid and said they liked that the bedroom was now a more suitable size. They said, "I can manage to get to everything I want easily."

One member of staff told us, "I'm proud of all of it, it's making sure people are happy and living the life they want to. When we get positive feedback it makes me proud."

We looked at five care plans which included pre-admission assessments. The registered manager explained that pre-admission assessments were completed by a senior member of staff and important to ensure that staff could meet the person's individual needs.

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. One person had information about how they required to be supported when they were fasting.

However some vital information about their medical and mental health needs was missing from documents used in an emergency situation. For example looked at three peoples' care plans, who had been diagnosed with a range of conditions though this information was not included in the hospital passports. This did not display that staff were responsive in recognising and communicating peoples' health conditions.

Looking in more detail at one person with diabetes, and regular medical intervention was required following an admission to hospital in an unconscious state. The person had been referred to a specialist clinic by their GP, as the person had full capacity and chose not to regularly follow their special diet or allow staff to monitor their condition.

Where people were identified at risk from self-harm staff were aware of how to support people through detailed risk assessments included details of how to contact relevant mental health professionals. One staff member told us, "You get to know people and how they normally behave. If something changes I will speak to them and try and find out what's wrong, I then tell my manager who can make referrals if needed."

One person's care file stated that they did not like being assisted with personal care by male carers. Staff confirmed that the person was only supported by female support staff. That showed the staff were responsive to people's personal needs and requirements.

The registered manager has introduced a new monthly review of care plans which included gaining feedback from people who used the service. We saw that this was being done and comments from people included, "I'm happy with the support I get," "I'm happy to speak to my keyworker if needed" and "I have no complaints." One person who spoke with us said, "I don't look at my care plan, I am not interested."

People told us they were offered activities that responded to their individual needs. One service user said that "I enjoy drawing, making cakes and scones. There is enough to do." People confirmed shopping trips were also available should people need to go out. The person said, "The staff can get you anything you need, or if you want to go shopping, they [staff] will take you. That is nice as it means you have someone to talk to while you are out." Other people we spoke with were happy with no planned activities. One person said, "There is nothing I want to do and I don't go out much." The person added, "I have everything I need to be comfortable." Another person commented that they didn't join in many activities, again out of personal choice, but did say, "I don't go out although if I wanted to I could, sometimes I go swimming." That demonstrated people were offered activities that were responsive to their personal needs and choices.

One member of staff said to us, "I come in on my days off to take people out. I enjoy taking people out for a walk or a coffee, it's through my own choice, (named staff) says I don't have to but it's nice to see them (people) happy."

One member of staff said, "We have one to one hours which gives you time to do activities with one person but if I wasn't here it would mean someone else would do the hours." Another member of staff said, "Most of the time it is the same people who will participate [in activities] you can ask if someone wants to come and watch and they might then start to join in. We know what people enjoy doing." They added, "Quite a few people like arts and crafts, others like music and some like quizzes. It's most difficult for men who stay in their rooms all day. I would like to do beer making with them." We spoke with the registered manager who said, this was possible, but may be restricted due to some people recovering from abusing alcohol.

We saw people took part in activities which responded to their individual needs. Some people went out independently whilst others were supported by staff and engaged in activities in and out of the home. One person was taken shopping and we observed another played a board game with a support worker. Staff told us that some people were assisted in setting up self-help skills such as cooking which also formed part of the activities programme. We saw that staff supported people to reduce the effects of social isolation and supported people to retain contact with family and 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. One person said, "I have no problems here, if I did I feel I could speak to [named the registered manager and a senior support worker]."

People we spoke with said they knew how to make a complaint, and indicated they could rely on the support staff to deal with any issues. Records showed the service had received two complaints in the last 12 months. Analysis by the registered manager did not reveal any patterns or themes with the complaints. The information was fed back to staff though staff meetings or individual supervision sessions so that staff were aware of the issues and any changes required. Other issues staff were made aware of, for example comments from service user meetings, were dealt with on an individual basis and recorded in people's care plan records.

Good

Is the service well-led?

Our findings

People told us they felt supported by the registered manager and staff team, and there was an open and friendly culture in the home.

One person using the service said the registered managers 'door was always open'. Another service user said, "I haven't had any problems, but I would speak to them [support staff] if I did." Another person said, "I have had no problems, I would be happy to speak to staff if there was a problem as they are approachable." One service user did say "I haven't had any big problems, but I had a mild problem once and they [staff] dealt with it very well and I don't have to worry anymore about it". They went on to say, "I can speak to anyone about anything".

One person used the service who said, "It's okay, [the registered manager] looks after me when I need anything."
Staff in the home felt they were supported by the registered manager and senior support staff.

People who lived at the home and their relatives were invited to meetings with the registered manager. We looked at a sample of the minutes of these meetings, and saw that people had requested a re-visit from an animal and petting zoo, additional board games, bus trips and a singer.

When we spoke with one person about attending meetings or receiving a questionnaire or surveys they said, "There are no surveys for us to tell them (management) what we like or don't."

However we found that people who used the service, their relatives and visiting professionals were asked to contribute to the quality assurance process. They were sent questionnaires, so were enabled to comment about the quality of service offered by the home. Staff confirmed people at the home participated in the process and we saw evidence where people who lived at the home returned the last questionnaire. We saw some of the feedback had been adopted by the provider, where more activities were arranged out of the home. That meant the provider embraced the quality assurance process and also provided evidence of a culture open and transparent.

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. 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 more regularly than the recorded and reported visits.

The provider understood their 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 that visited regularly 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.