Prime Life Limited

Peaker Park Care Village

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Our inspection took place on 21 and 30 April 2015. The inspection was unannounced.

Peaker Park Care Village is registered to provide care for up to 137 people who require personal or nursing care. The service consists of five self-contained units comprising of accommodation, dining areas, lounges and other communal areas. Facilities include a cinema, games rooms and hairdressing salons. People have access to landscaped gardens. At the time of our inspection 97 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff knew how to recognise and report signs of abuse. People were supported to be

Summary of findings

as independent as possible. Enough suitably skilled and experienced staff were available to meet people's needs, though on occasion cover for all unexpected absences had not been arranged.

Equipment was used safely and was regularly maintained.

The provider had robust recruitment procedures.

People received their medicines on time. The provider had effective procedures for the safe management of medicines but these were not always followed by staff. We saw omissions and inaccuracies in medicines records, though this had no impact on people using the service.

People using the service told us they felt staff were knowledgeable about their needs Staff received relevant training and support to be able to meet the needs of people using the service..

The registered manager and senior staff had a good working knowledge of the relevance of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Other staff had an awareness of the legislation. All staff understood that no forms of restraint were permissible without authorisation by the local authority.

People's nutritional needs were met. People had a choice of foods and drinks and spoke in complimentary terms about the meals that were provided. Staff were attentive to people's health needs and supported people to access health services when they needed them.

Staff were caring. We saw lots of examples of staff showing kindness and compassion. People using the service and their relatives had opportunities to be involved in decisions about their care and support. People were treated with dignity and staff respected people's privacy.

People received care and support that was centred on their needs. They had access to social activities and staff supported people to follow their interests and hobbies. The registered manager had begun a review to ensure that all people with hobbies were supported to be able to follow them.

People had opportunities to make suggestions and raise concerns. They told us they were confident about raising concerns and that they would be listened to. The provider had acted upon people's comments and feedback, for example in relation to social activities.

The management team were clearly visible and available to people using the service. The management team had clearly defined aims and objectives about what they wanted to achieve for the service. Staff felt well led. The provider had effective procedures for monitoring and assessing the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

Staff supported people to understand how they could stay safe. The provider deployed enough staff to ensure that people's needs were met. The provider's procedures for safe management of medicines were not always followed by staff.

Requires improvement

Is the service effective?
The service was effective.

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

Good

Is the service caring?
The service was caring.

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

Good

Is the service responsive?
The service was responsive.

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

Good

Is the service well-led?
The service was well led.

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

Good

Peaker Park Care Village

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 30 April 2015 and was unannounced.

The inspection team consisted of four inspectors, a specialist nurse advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had expertise in caring for older people.

Before our inspection we reviewed the information we had received about the service since our last inspection in January 2014. This included notifications from the provider about injuries people had experienced and allegations of abuse. We looked at information we had received from the local authority adult safeguarding team about investigations they had carried out.

We spoke with 14 people who used the service and three relatives of other people using the service. We used the Short Observational Framework for Inspection (SOFI) to observe 12 people who used the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with staff including a regional director, the deputy manager, the service's clinical lead, a team leader and deputy team leader, two nurses, nine care workers and ancillary staff. We looked at eleven people's care plans and associated records, staff training records and a recruitment file. We also looked at several policies.

Requires improvement

Is the service safe?

Our findings

All the people using the service we spoke with told us they felt safe. Comments included, "I feel safe here. I go to bed at night and I sleep tight as I feel safe", "I am safe here and the staff treat me well", "I feel very safe and secure living here" and "I have been living here for three years and have never felt distressed or frightened."

Relatives of people using the service told us they felt the service was safe. One told us, "Mum is safe here and free from harm" and others said, "We are very happy that dad is safe and well here." Another relative told us, "When we leave we know [person using the service] is safe. They [staff] come in every 15 minutes to check she is OK." Relatives of a person told us that their father was much safer at Peaker Park than in his own home. They told us, "My brother and I are very happy that dad is safe and well here."

We asked people why they felt safe. Their responses covered a range of reasons. People told us they felt safe because staff were kind and understood their needs. Most told us they felt safe because staff responded quickly after they used call bells to request assistance. We heard that when people used their call alarms staff responded quickly. The provider had a system in place for monitoring response times to call alarms.

The provider had policies and procedures for safeguarding people from abuse and avoidable harm. The provider took prompt action to report and investigate allegations of abuse. Staff we spoke with were aware of the provider's policies and described how they would identify and report abuse. They knew that they could contact the local authority safeguarding team or the Care Quality Commission.

Staff used the provider's procedures for reporting accidents and incidents, for example falls that people had or any incident where a person suffered harm or been at risk of harm. All reports were investigated by one of the management team. We saw that actions had been taken to protect people from the risk of a similar incident recurring. For example people who had falls were referred to a NHS Falls Clinic and fall mats were placed in people's rooms at night.

People were supported to be safe by being provided with and shown how to use equipment safely. A care worker told us, "We have plenty of equipment to transfer our residents safely." Two people told us about how they were helped in that regard. One told us, "The home provided my Zimmer [walking frame] to help me walk" and another person told us, "I have had a special wheelchair delivered so I can get out and about [safely]." The provider ensured that sufficient equipment was available to assist people with their mobility. We observed that staff used hoists safely when they transferred people.

People were supported to do as much for themselves as possible. Their freedom of choice and action was not unnecessarily curtailed because of concerns they may make unwise choices. People's care plans included risk assessments of activities associated with their care and support, their mobility and their preferences about activities they enjoyed. A team leader explained, "We don't simply undertake a risk assessment and tick boxes, we check the environment and change anything that may be causing a risk." This showed staff supported people to be as active as possible and that the service was not risk averse.

We asked people whether they felt enough staff were available. One person told us, "The staff are very rushed but mostly they cope well." Another said, "I think they need more staff here." People's relatives were more positive in their views. One told us, "There were plenty of staff around and they were always busy." Another two told us, "I think there are enough staff" and "On the whole there seems to be enough staff."

The provider had procedures for regularly assessing staffing levels which were based on people's assessed needs and dependencies. The registered manager was able to arrange additional staffing resources in consultation with the provider's human resources department. A member of staff told us, "Staffing is safe here. The company make a huge effort to ensure that shifts are covered; they look at clients' needs and move staff around accordingly."

Recruitment files showed that the provider had effective recruitment procedures. People using the service could be assured as far as possible that only people suited to work at the service were employed.

People using the service told us they received their medicines at the right times. Comments included, "They [staff] give me my medicine on time." Records we looked at confirmed that to be the case. Only staff who were trained

Requires improvement

Is the service safe?

in medicines management gave people their medicines. Their competences to continue giving people their medicines were assessed annually. We observed a medications round and saw that this was done safely.

When we looked at four records of people's medicines we found that one record omitted to account for five tablets. Staff told us the person had taken those tablets with them when they had a short hospital say, but there was no record of this.

Some people had been prescribed creams to treat skin and other conditions and eye drops. The provider's medicines management policy stated that these types of medicines should have the date of when they were first used recorded. However, we found a prescribed cream and four out of six eye drop containers that had not been dated. Whilst these medicines had been prescribed within the last month and were safe to use, staff had not adhered to the provider's medicines management procedure. We also noted that administration records for one of the eye drops specified that drops were for each eye, but five records did not state this. That carried a risk that the eye drops may have been administered incorrectly.

Some people using the service required what are known as `controlled drugs'. These are medicines for which there are strict management requirements that are set out in The Controlled Drugs (Supervision of Management and Use) Regulations 2013. The provider had safe arrangements for management of controlled drugs but we found an error in record keeping as to the location of some controlled drugs. This had no impact on the person using the service but was more of an issue about the security of controlled drugs.

Medicines were safely and securely stored. Some medicines needed to be stored at cool temperatures. We checked two medicines refrigerators and we found that temperatures had been regularly checked for one of the refrigerators but only three times since 28 February 2015.

The provider had safe arrangements for the disposal of unused medicines.

Good

Is the service effective?

Our findings

People using the service told us that they felt staff had the necessary skills and knowledge to be able to meet their needs. A person told us, "I think the staff are pretty well trained." Another told us

"The staff seem to know what they are doing." People were complimentary about the staff. A person told us, "I like it here, I cannot fault them [staff] in any way."

Staff we spoke with told us they felt they received effective training. One told us, "I feel very supported in my training to do my job well." New staff attended induction training which included sessions about the provider organisation and important aspects of adult social care such as safeguarding people, practical training in moving and handling people with and without equipment and handling of medicines. Staff we spoke with told us that their training had helped them carry out their roles. One told us, "I was trained in house with manual handling and used hoists, stand aids and others". From our observations we saw that staff used equipment safely and appropriately when they supported people with their mobility which demonstrated the training they had was effective.

The service had a training plan that was overseen by the deputy manager. They ensured that staff received the training they required, including refresher and update training. Staff had opportunities to develop their careers. Some team leaders had started as care workers and had progressed to their current position. A nurse told us, "Primelife provides professional development in clinical areas. We have a good team who are well trained."

Staff told us they felt supported through effective supervision and every day support from their managers. Supervision meetings where staff had one to one meetings with their line manager, took place regularly. Staff told us they found those meetings to be useful. A care worker told us, "The management team are fantastic and we learn new things every day." Another care worker told us, "Management are very supportive of staff." A team leader told us, "I feel very confident in my team, they always ask when they are unsure, and similarly I feel that my seniors support me well."

Staff at all levels communicated effectively with each other. By doing so they shared essential information about the needs of people using the service. Communication was through short but informative meetings each morning. Additionally, `handover' meetings when staff finishing a shift passed information to staff beginning a shift. Handover records we looked at were informative because they included information about people's needs and care routines.

Managers and senior staff, for example team leaders and nurses, had a good working knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. These safeguards are there to make sure that people in care services are looked after in a way that does not inappropriately restrict their freedom or other rights. A person should only be deprived of their liberty when it is in their best interests and there is no other way to look after them, and it should be done in a safe and correct way. Senior staff understood and implemented their responsibilities under MCA and DoLS. At the time of our inspection there were people using the service who were under a DoLS authorisation. Two applications for authorisations were being made for other people. Both had been completed comprehensively. This showed that the provider ensured that decisions about the recommended use of restraint were made by the appropriate staff. Care workers we spoke with understood that no form of restraint could be used on people without legal authorisation to do so.

Care workers we spoke with had awareness of MCA and DoLS though some had a greater awareness than others. They knew that no form of restraint could be used without authorisation. The registered manager had fact sheets about MCA and DoLS they were going to distribute to all staff.

We saw assessments of people's mental capacity to make decisions had been made by staff qualified to make them when required.

People who used the service told us they were satisfied with meals and snacks they were provided with. A person told us, "I am very satisfied with food here. I've never had to send anything back". Another told us, "The food is very good and [there is] plenty of choice." People told us they had sufficient amounts of food. Comments from people included, "We have plenty to eat" and "I don't go hungry." People chose their meals from menus or from a server counter where they could see the variety of food that was

Good

Is the service effective?

available. People with communication needs were shown pictures of food from which they made their choice of meal. A relative told us, "They do push fluids. The breakfast looks very good, my [relative] had a cooked breakfast the other day and it looked very good."

People told us the food was healthy and nutritious. A person told us, "They do very well on fruit and veg." People with special dietary needs had those needs met. A team leader we spoke with had a very good understanding of the importance of nutrition and hydration to the people using the service. The home's chef and kitchen staff were aware of people's dietary requirements and food was prepared accordingly. People who required fortified drinks or food supplements received them. A relative told us, My [relative] needs thickened drinks and staff always make sure that is done." Staff monitored and recorded food and fluid intake for those people where concerns had been identified.

We saw that a variety of drinks and snacks were available for people throughout the day. People had access to jugs of juice and water in their rooms. A tea trolley was taken around during the morning and again in the afternoon. An ice-cream trolley was taken around in the afternoon. People were able to help themselves to snacks from a dining area and we saw people do that.

We observed that people's meal time experience was a pleasant one. People were provided with drinks they requested, which included soft drinks, beverages and wine. People had their meals at their pace. People engaged in conversations during their meals. Some people had their meals in their rooms. A person told us, "I have my meals here in bed. They [staff] cut my meat up for me. I get plenty to eat and drink." A relative told us, "People who are in bed are being fed, it's very good." We saw care workers supporting two people with their meals. The care workers interacted positively with people whilst supporting them with their meals.

People had access to health professionals as required. A person using the service told us, "If I am unwell they [staff] call my GP from my surgery." Another said, "If I wasn't well they would come and have a look at me." We saw from records we looked at that chiropodists, community physiotherapists, occupational therapists, GP's, district nurses and dieticians had been involved in people's healthcare. Staff made a referral to a GP after they had identified a person had an unplanned weight loss. A care worker told us, "When you have worked with the same residents for a long while you get to know them well and understand their needs and if they are unwell." Relatives told us that people were supported to see health care professionals when they needed too. One told us, "A doctor visits every day I think and if my [relative] needs to see one the staff make sure they do."

Good

Is the service caring?

Our findings

People told us that staff treated them kindly and with compassion. Comments from people included, "The staff are friendly and helpful" and "They are endlessly patient and very caring." Relatives of people using the service spoke highly of staff. One relative told us, "I visit regularly and staff are fun and cheerful, they are a good bunch." Two others said, "Staff are very caring some more so than others" and "Staff are like a relative they are so kind."

It was evident that staff knew people well**.** Staff we spoke with told us about people's preferences, interests and their preferred routines. All interactions between staff and people using the service we observed were positive. Staff were very attentive. For example, when a care worker walked through a lobby area they heard a person say how much they had enjoyed her tea and biscuits they offered more which the person accepted. Another person who fell asleep after staff brought them tea was offered a fresh hot drink when they woke. During those interactions we heard one person tell another, "There are some nice people [staff] here."

When staff supported people by walking alongside them or with them they did so patiently and engaged in polite conversation. When people asked to be helped to go to the garden staff provided assistance. We saw many instances of staff responding kindly and promptly to requests from people. When staff spoke with people they demonstrated kindness and understanding. Staff either sat next to the person and spoke calmly and slowly or they faced people directly so they could see their face when communicating. Staff waited for the person to answer any question asked before proceeding. It was evident that the way staff spoke with people helped people feel they mattered.

Staff were sensitive to people's needs. One person who found comfort in holding a doll needed help to be able to have their drink. A care worker offered to hold the doll so the person could have their drink. The care worker held and spoke to the doll as if it were real baby and also encouraged the person to have their drink. The care worker spent ten minutes with the person before another care worker who acted with the same understanding and kindness took over. We saw that staff were patient and took the time to assist people with either walking to their bedroom or assisting them to a toilet. These and other examples we saw showed that staff understood what mattered and was important to people. It also showed that staff understood aspects of best practice in relation to supporting people including those living with dementia and emotional needs.

People were involved in their care plans as much as they could or wanted to be. One person told us, "I know about my care plan and I think they have asked me if I need to change it but I can't really remember." Relatives we spoke with told us they had been involved in their family member's assessment before they first moved to Peaker Park. A relative told us, "I visited the home before my [relative] came and I was asked lots of questions about their likes and dislikes." Care plans we looked at included information about how people wanted to be supported. Our observations throughout our inspection were that people were supported the way they wanted to be supported.

People who were able to made decisions about how and when they received personal care. A person told us, "I like my breakfast first then my shower but if I want a lie in I can have one."

People using the service and relatives were provided with information about the service. Information was given when people visited the service before deciding whether to use it. A relative told us, "Mum was brought here for palliative care three weeks ago, they have talked to us about what to expect." Information was also provided in an information pack that was given to people. The pack included information about independent advocacy services available to people using the service and relatives. Residents meetings took place regularly and were a forum where people and relatives were kept informed of latest developments. The provider also regularly produced a newsletter `Peaker Park News' to keep people informed.

The provider promoted dignity in care through staff training and policies and procedures. Staff we spoke with demonstrated an understanding of what dignity-in-care meant in practice. Our observations throughout our inspection were that staff treated people with dignity and respect. It was evident too that the provider took this aspect of care very seriously. In a recent survey in which 22 people participated, one person commented that staff did not always listen. The provider immediately took action to organise additional training and support for staff so that they understood how to listen effectively and that it was unacceptable not to listen to people.

Good

Is the service caring?

All relatives we spoke with told us they could visit when they wanted to and were made to feel welcome. One visitor told us, “I think it is really important we can visit at any time of the day or night, we come different times and staff are always pleasant.” Another relative told us, “We have been told that if we want to stay with mum there will be a room for us whenever we need it.”

People’s privacy and dignity was respected. A person told us, “Staff are very good they always knock on the door to be let in.” Another said, “The staff shower me in the morning and treat me very respectfully.” People were able to spend time alone if they wanted. A person told us, “If I want to be alone I can be.” Staff took care to protect people’s modesty. A person told us, “I can choose to have a female carer and nine times out of ten it happens it depends on how busy they are. I find the male carers are very considerate and they cover up my little bits.” Relatives told us that staff respected people’s privacy and dignity. One relative told us, “We visit any time of the day and we have only come once when it was inconvenient as they were having a shower but otherwise it has never been a problem.” This showed not only that staff protected people’s privacy and dignity at times they provided personal care, but they explained that to relatives.

Good

Is the service responsive?

Our findings

People using the service who were able to be, were involved in the assessments of their needs and in decisions about their care and support. A person told us, "I am involved with how I want to be looked after." We saw from the content of people's care plans, for example from information about people's preferences, likes and dislikes that they had been involved. Relatives or representatives had been included were people were less able to be involved. A relative told us, "We are involved in the way [person using the service] is looked after." Another relative told us, "I visited the home before my [relative] came and I was asked lots of questions about their likes and dislikes."

People were supported to be as independent as they wanted to be. They decided how they wanted to spend their time and how much assistance they wanted. We spoke with three people about this. One said, "I don't like getting up in the morning. Normally I am up at 9 to 9.30am. It depends on what is going on. I have a shower [with help from staff] when I want." Another told us, "We have a choice of when we get up. I never been refused a bath or shower." A third person told us, "I expect they would take me out for a walk if I wanted but they have never refused anything I have asked for." Staff told us that people chose when they got up in the mornings and went to bed at night.

People's care plans were individualised and contained information about people's assessed needs and how they needed to be cared for and supported. Care plans were regularly reviewed with a person's participation if they wanted to be involved. A person told us, "I know about my care plan and I think they have asked me if I need to change it."

People's care plans included their life history and information about their interests and hobbies. A person told us, "There are plenty of activities." Staff we spoke with told us about people's life histories and interests which showed that they referred to people's care plans and used the information in them. A care worker told us, "I have access to care plans with a full history [about a person] which gives a life story." Information about people's interests was used to plan activities. We saw plenty of evidence of social activities which included trips to places of interest, games, art and craft activities and entertainments. A person told us, "I have been on several trips." Another person told us, "Last week we went to Rutland Water and had a picnic, which was nice." We were also told they had film afternoons."

Other activities included commemoration events such as Remembrance Sunday and a planned event to mark VE Day during week commencing 4 May 2015. Those were activities that people had asked to be provided at residents meetings. A care worker told us, "I have worked here since it opened [June 2011] the management staff are good and we have a lot of social programmes and they are open to all residents. We ask people if they want to join in." A relative we spoke with confirmed that to be the case. They told us, "The staff keep asking if dad wants to get involved with activities but he prefers to stay in his room. It is his choice which they respect."

We saw a little less evidence that people were supported to follow individual interests. A person told us, "I used to knit before I came here but I don't do now. I would really like to learn to crochet but there is no one here who can help." We spoke about this with the registered manager, deputy manager and regional director. They showed us records of one to one activities that most people had participated in which were based on their interests and there had been regular `reminiscence sessions' for people. The registered manager told us they would look into how people could be supported with hobbies such as knitting and crocheting.

The types of social activities that took place supported people to build and maintain friendships with other people using the service. People told us they knew about the activities. They told us they got on well with other people and we saw people enjoying activities together, for example playing cards and other games. People were supported to maintain contact with family members by telephone and the internet. A relative told us, "[Person using the service] has his phone and internet connection so he can skype which is good." These activities and the facilities at Peaker Park which included a bar, a cinema, café and gardens provided people with opportunities to socialise. People knew about the facilities. One person told us, "There is wine available if you want some and they have a nice little bar" and another said, "there is lots of garden space." We saw people using those facilities. This showed that people were supported to avoid social isolation.

People we spoke with knew how to make suggestions or raise concerns about the service. People were confident

Good

Is the service responsive?

anything they said would be acted upon. A person told us, "I can tell them [staff] off if I don't like something." Relatives were able to leave feedback in visitor's book in the reception area where they had to sign-in when they visited. People's information packs included information about the provider's complaints procedure. We saw that relatives had made complaints and that these had been thoroughly investigated by the registered manager and managing director of the provider. Complaints, including those with outcomes that had not met complainant's expectations, had been used to identify improvements that could be made to the service. For example as a result of a complaint the provider had reviewed their position with regards to stocks of medical equipment.

Good

Is the service well-led?

Our findings

People who used the service and their relatives had opportunities to be involved in developing the service through involvement in residents meetings and annual surveys. Their feedback had influenced the types of activities that were provided by the service and also the range of food that was made available. Feedback from the surveys was analysed and reported on to the provider's operational board. This meant that the most senior managers in the provider organisation knew what people using the service thought about it.

Staff from assistant team leader level upwards were involved in developing the service through regular meetings, though those meeting were mainly used to discuss the care and support of people using the service. Team leaders and nurses told us that they had meetings every day and that they had on occasion made suggestions about how care and support was delivered.

At the time of our inspection the provider was putting the final touches to a staff survey aimed at inviting all staff to provide feedback about the service including how it could be developed. The results of the survey will be reported to the provider's operational board. This showed that the provider was committed to involving people using the service and staff in the development of the service.

Staff were supported to raise any concerns they had about care practice through the provider's whistle blowing procedures. A care worker told us, "The nurses are pretty good. If I have any concerns about people's conditions or care I can ask them. I can always speak to the assistant manager and manager as well." Staff we spoke with told us they felt well supported and able to raise any concerns or queries with the manager. A team leader told us, "When I have brought up problems with management most have been resolved."

The provider had links with businesses, schools and organisations in the local community. Representatives of those participated in events at the service, for example fetes and commemoration events. The provider and a local business had agreed to involve people using the service, relatives and staff in a project to bury a time-capsule containing items of interest to be opened in 100 years' time.

Leadership at several levels was evident throughout the service. People using the service and relatives knew who the team leaders, nurses and managers were. People and relatives knew staff's names and knew what their role was because of the uniforms they wore. We saw people go to the manager's office to discuss things or share experiences. They were made to feel welcome. The owner of Prime Life regularly visited the home. They were known to people who used the service and staff. It was evident during our inspection that they took an active interest in the service.

The service had a registered manager who understood their responsibilities in terms of ensuring that we were notified of events a provider had a legal responsibility to notify us about. The registered manager had a clear understanding of what they wanted to achieve for the service and they were supported in that regard by staff and the regional director and other head office staff. The registered manager spoke highly of the staff. Staff felt the service was well run. Comments from staff included, "The home is very well run" and "management are very supportive of staff." One told us that Prime Life was a good well run organisation that was run in the best interests of people who used its services.

Staff understood what was expected of them. They had documented job descriptions and most had regular supervision meetings which were used to support staff to maintain and improve their performance. Staff had access to paper copies of the provider's policies and procedures in an administrator's office. Work was in progress to create a library of policies and procedures that could be accessed on the provider's computer system.

Staff were motivated. They told us they enjoyed working at the service. A care worker told us, "There is good relationships amongst the staff."

The provider's procedures for monitoring and assessing the quality of the service operated at two levels. These procedures were based on 11 `key indicators of performance'. The registered manager carried out a range of scheduled checks and monitoring activity to provide assurance that people received the re and support they needed. They reported their findings to a regional manager who carried out their own checks to verify the registered manager's findings. The regional manager's reports were reviewed by the provider's operational board. This meant the most senior managers in the provider organisation knew how the service was performing.