

Prime Life Limited

Old Station Close

Inspection report

Unit 1, Old Station Close
Shepshed
Loughborough
Leicestershire
LE12 9NJ

Date of inspection visit:
15 November 2019

Date of publication:
17 December 2019

Tel: 01509506218

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Old Station Close is a 21-bed residential home providing personal care to 20 people, some with mental health needs and others with a learning disability. The care home supports people in a purpose built property.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People's social care and integration in the community had recently been the focus of the newly registered manager. This had concentrated on people's one to one hours and ensured their opinions and wishes, content and timing were focussed to provide the best outcome for them. This had increased people's choice and significantly improved their influence on their individual leisure time out of the home. This had a positive effect on people and truly reflected the values of Registering the Right Support. Staff knew people's individual needs informed by well detailed care and support plans.

Staff had given considerable thought to people's end of life choices and had recently provided a considered, thoughtful and poignant celebration. There was a complaints process in place which was managed effectively and allowed people to voice their opinion.

Risks had been assessed prior to people moving into the home. Medicines were stored and administered safely, people were supported with their medicines in a safe way. Recruitment checks had been carried out to ensure staff were suitable to work with people at the service. Staffing levels were suitable to provide people with excellent individual support and good overall levels of care.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. Training for staff was linked to people's individual support needs. The staff team felt involved in the running of the home and felt supported by the newly registered manager and senior staff. Staff had supervision and spot checks from the management team to ensure they met people's needs and adhered to the staff training plan. Staff respond to and supported people's health and care needs.

People were provided with a varied diet which met their individual cultural needs. People were encouraged to develop self-help skills which included catering, budgeting and personal development to enable progression to independent living.

People were fully involved in making decisions about their care and their consent was obtained prior to offering care. People were supported by a staff team who were kind and caring and treated them in a considerate and respectful manner. Staff promoted people's privacy and dignity.

The systems in place to monitor the quality and safety of the service being highlighted changes that were required to ensure people's safety. People's views of the service were sought through regular meetings and surveys. The registered manager understood their role and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

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

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe.

Details are in our effective findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our effective findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service remained well led.

Details are in our effective findings below.

Old Station Close

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The team consisted of one inspector.

Service and service type

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

The service had a registered manager registered with CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. They were at the home at the time of our inspection and we were assisted by them throughout the inspection.

Notice of inspection

The inspection was unannounced. The inspection site visit activity started on 15 November 2019 and ended the same day. We visited the service on 15 November 2019 to see and speak with the people living there.

What we did before the inspection

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

During the inspection

We spent time observing the care and support being provided throughout the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who lived in the home and one relative. We also spoke with a regional manager the registered manager, a senior support worker and two support staff.

We looked at the care records for two of the people who lived in the service. We also looked at records that related to how the service was managed including staffing rotas, recruitment, training and quality assurance.

After the inspection

We asked the registered manager to send us further documentation following the inspection which included copies of the training records, the staff rota and minutes of meetings for the people who lived in the home, and staff meetings. These were supplied and considered when writing this report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were fully involved in planning their social pastimes. One person said, "I go to the volunteer centre and do bits in the garden, like strawberries." A second person said, "We've been bowling; to the science museum; Castle Donnington circuit to see the cars, and Twycross to the bird sanctuary."
- Since the registered manager commenced in post, they had encouraged a range of new and different activities to increase people's self-confidence. Staff had worked diligently to putting in place activities that appealed to everyone and developed the motto 'Something for everyone at Old Station Close'.
- Staff arranged for people to participate in community activities, this took careful planning as people's privacy was highlighted where several people preferred not to have the general public visit their home. One example of this was the 'Shepshed Sheep scare Festival'. This involved the people in the home creating sheep scarecrows. The photos of the winning 'scaresheep' were proudly displayed in the home with cuttings from the local papers along with photos of the trophy ceremony.
- People were supported to make personal achievements which filled them with pride. Two people entered themselves in The Race for Life 5k walk, accompanied by staff, and were awarded medals which they were extremely proud of. Another person was supported to forge close relationships with two local building firms. That has enabled them to follow their chosen activities and provided them with a tremendous self-generated satisfaction. There were numerous other activities which people enjoyed.
- People visited a tearoom and a 'diners club' experience, where people choose a different style of food restaurant each month and those interested dress up in 'smart' clothes and go out for a mid-week dinner. On return they complete a survey rating their experience, which has again boosted feelings of wellbeing and increased their self-confidence.
- The provider acted on results from their annual quality assurance survey (AQA) to develop group activities with the formation of a gardening group. Some people achieved their individual aims and goals by attending the Download music festival, while others took part in cultural activities such as Diwali celebrations, and the Caribbean carnival. All these topics were documented in a range of activity folders which were used as a positive reminder of people's recovery.
- Each person was consulted about what sort of activities they would like to take part in and how they would like to spend their supported hours. This led to a weekly planner blackboard being put in bedrooms as a visual prompt that is also written/drawn up each week by the person supported by staff.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People living at the home, without doubt, were at the centre of their care and which enabled them to develop and grow in confidence. Each person had an individual care plan which detailed their care needs

and had been developed with the person.

- People told us they were partners of the care they received and felt equally involved in their personal development and care plan. We reviewed people's care plans and saw that people were fully involved in deciding and recording what their care plan contained. People's views were valued and was the focus of the care plan.
- People were being supported to become fully integrated within their wider community. Staff worked collaboratively with people to identify how they would like to develop their lives.
- Though the registered manager had only been in post a very short period of time, they had made a substantial difference to the quality of activities available to people. Acting on the comments from people who completed the company's AQA they started to reshape people's activities. This was because people had been critical of the range and timing of their planned activities. The registered manager has re-assessed people's needs and re-arranged staff hours to fully meet peoples support needs. That has resulted in an upturn in people's wellbeing.

Meeting people's communication needs

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

- Communication passports were used to provide people's support needs where the person was unable to express those needs verbally or had a cognitive impairment that has reduced their ability to communicate on a temporary or permanent basis.
- The accessible information standards allow staff to formally recognise, assess and record the communication needs of people who have been affected with a hearing and or sight loss, or communication debility caused by a life changing event. The registered manager had adapted some documents in pictorial form to assist people with this process.

End of life care and support

- End of life planning had been recognised as an important apart of care planning.
- We saw the registered manager had assisted a person to plan for their end of life. Sadly, the person died unexpectedly before the plan was completed. With an absence of family relatives, it fell to the staff to complete the final details. Staff continued with the person's wishes and completed the funeral planning with an emphasis on how they lived their life. The registered manager was able to demonstrate through the pictorial record they kept, this was undertaken in a kind and compassionate way. As the process was recorded pictorially and involved staff in the home, this has provided an opportunity for people to say their farewells when individuals felt the time was right for them. The pictorial record was used following the person's funeral where people required additional support to the person's passing. This demonstrated a high degree of compassion from the staff to recognise the persons passing.
- The registered manager said staff had discussed other people's end of life care preferences. Some people had decided they did not wish to participate in this process and others had a detailed plan which included their care prior to and following their death.

Improving care quality in response to complaints or concerns

- People were enabled to make complaints about the service. One person said, I can speak with [named staff] they will sort anything out."
- The provider had copies of the complaint's procedure placed throughout the home, which were available in an alternative pictorial format, which enabled people to understand the process and how to operate it,

without having to read the text.

- The provider had systems in place to record complaints. Records demonstrated the service had received no complaints in the past 12 months.

Is the service effective?

Our findings

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

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

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

- People's needs and preferences were assessed prior to their admission. The registered manager had commenced re-assessing people's needs and where these had been updated, had changed the care plan and staff support.
- Assessments covered areas where the person was currently independent and areas where support was required to attain independence and where appropriate move out to living independently.
- The registered manager demonstrated the paperwork that had been used to gather detailed information to enable transitions to begin.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction and training programme and received regular support and supervision from senior staff. Staff told us, "If we want to do some additional training we can ask, and the manager will look and see what they can arrange, they are very supportive."
- Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- Staff told us they felt the training was good and enabled them to continue their roles effectively.
- Staff had regular supervision with the registered manager or another of the senior staff team. There was a methodical plan of competence checks to ensure the staff followed the training courses provided to them.

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

- People were offered a suitable diet that met their nutritional and cultural needs. One person said, "The food is nice, I enjoy it." A relative said, "It's fish and chip night tonight."
- Some of the meal choices had become a 'tradition', and though people had a free choice 'fish and chip night' was welcomed by all.
- People's eating and drinking preferences were clearly documented and met people's individual cultural requirements. Changes to menus were discussed at regular meetings. The home had a varied menu which was planned in advance, taking people's choices and preferences into consideration.

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

- People were supported to access timely healthcare.
- Staff assisted some people to access healthcare services and enabled others to plan their own health appointments and interventions.
- People received good planned care when transferring between services. For example, each person had an

'emergency grab sheet' which included information for a hospital admission. This contained detailed information about how they best communicated their needs and detailed their health and medical needs.

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

- The home was in a good state of repair and equipped to meet people's needs. A relative said, "I've noticed we have new furniture here now, and the Christmas tree is up nice and early." Communal areas were bright and comfortable and led to an outside area with a pleasant garden and sheltered barbeque area. The registered manager shared plans to improve the garden area to grow more vegetables and flowers.
- People's independence skills were constantly updated with a view to the person becoming less reliant on staff and moving toward independent living.
- People's bedrooms were decorated according to their preferences and included personal items such as photographs and items dear to them.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this. Where people's freedom was restricted we saw the registered manager had applied for, or been granted, a DoLS.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care plans included consent forms for a range of areas including personal care and sharing information with other agencies. We saw where staff had consulted with relatives and professionals involved in people's support which ensured that some decisions were made in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

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

- The provider met their obligations under the Equalities Act and provided people with a service that met their individual diversity needs. The registered manager provided evidence where they supported a person with a change in their religion. They arranged an internal space for their private use and were developing an outside space for them and others to also use. They had also supported a radical change to the persons diet, by providing food that met the changed beliefs.
- People were treated with kindness and compassion by the staff group. Observations throughout the inspection demonstrated that people were treated with respect. One person said, "The staff are brilliant, caring and they have fun." A relative said, "They have always made me feel welcome here."

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

- People told us they were involved in reviewing their care plan when they chose to be. We saw evidence where people had signed their care plan confirming the updates and changes.
- We saw that people had the opportunity of involving a family member or independent advocate where they required some assistance. An advocate can assist people who have difficulty in making their own, informed, independent choices about decisions that affect their lives. We were assured that people were supported to make informed choices with visits from relatives, local authority staff and individual advocacy support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was recognised by a well-informed staff group. A relative said, "The staff are very courteous." The accommodation was three separate units and each was organised respecting people's genders and staffed accordingly.
- People benefited from en-suite accommodation which assisted their privacy and promoted their wellbeing.
- We observed staff respected people's privacy and dignity, and heard staff knocking on people's bedroom doors before announcing themselves and entering. That demonstrated staff were aware of the need to ensure people were in control of their private space.
- People's independence was promoted by being provided with food items for self-catering purposes. This promoted the potential for people moving on to independent living.

Is the service responsive?

Our findings

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

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- Each person was consulted about what sort of activities they would like to take part in and how they would like to spend their supported hours. This led to a weekly planner blackboard being put in bedrooms as a visual prompt that is also written/drawn up each week by the person supported by staff.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

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Meeting people's communication needs

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- The registered manager said staff had discussed other people's end of life care preferences. Some people had decided they did not wish to participate in this process and others had a detailed plan which included their care prior to and following their death.

Improving care quality in response to complaints or concerns

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- The provider had copies of the complaint's procedure placed throughout the home, which were available in an alternative pictorial format, which enabled people to understand the process and how to operate it,

without having to read the text.

- The provider had systems in place to record complaints. Records demonstrated the service had received no complaints in the past 12 months.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well led. The recently appointed registered manager had continued the development of person centred processes which ensured people were cared for and supported safely in line with current legislation. They told us they were proud of the staff team who had supported all the recent changes in their working hours to support the people's changed one to one support. They said, "It's about giving service users a better quality of life and give them every opportunity possible."
- People were encouraged to participate in changes and improvements to the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood information sharing requirements. Records showed information was shared with people or people's relatives as well as other agencies. For example, when the staff had identified concerns, and the registered manager had sent us notifications about events which they were required to do by law.
- The provider understood their responsibility to display the rating from their latest inspection. The rating was displayed prominently in the home and on the providers website.

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

- The registered manager had a system in place to monitor the quality and safety of the service and used these audits to check all parts of the home periodically.
- The registered manager understood their legal responsibility and notified us of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

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

- People who used the service confirmed they were provided with questionnaires from the provider to rate how well the service performed.
- The registered manager said the company sent questionnaires to people in the home, where appropriate their relatives and home's staff.

- The registered manager provided us the outcome from the 2019 survey which provided the emphasis for changes in the home. For example, the changes to the one to one support.
- Staff felt supported by the newly registered manager and management team. One staff member said, "The management staff are great I would work for [named] anytime."

Continuous learning and improving care

- The registered manager demonstrated how they had used comments and information from the last company AQA survey to provide the basis for changes they had begun to make.
- People told us there were regular meetings where they were able to discuss any concerns and propose changes to outings and menu changes.
- People and staff confirmed the registered manager and in their absence, the senior support staff were available and dealt with any concerns they raised. One person said, "I know the manager and the seniors are there to help, you can see them anytime." They said that any concerns reported to the registered manager or staff would be resolved.

Working in partnership with others

- The registered manager demonstrated how they worked in partnership with local hospitals, the local authority social care and safeguarding teams, mental health and other healthcare professionals.