

Prime Life Limited

Prime Life Limited - 50 Stoneygate Road

Inspection report

50 Stoneygate Road
Leicester
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19 September 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

50 Stoneygate Road is a 19-bed residential home providing personal care to 17 people, some with mental health needs and others with a learning disability. The care home supports people in an adapted residential property.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible life outcomes for themselves that include control, choice and independence. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

Risks had been assessed prior to them moving into the home. Medicines were stored and administered safely, people were supported 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 adequate to provide individual support and good overall levels of care.

People were supported to have maximum choice and control of 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 registered manager and senior staff. Staff had supervision from the registered manager to ensure they met people's needs. 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.

Staff were knowledgeable about people's individual needs informed by well detailed care and support plans. There was a complaints process in place which was managed effectively. People had complimented the staff on the care provided for people. Staff had considered people's end of life choices and made reference to this in care plans.

There were systems in place to monitor the quality and safety of the service being provided. People's views of the service were sought through regular meetings and surveys. The registered manager understood their roles 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?

Good ●

The service remained 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.

Prime Life Limited - 50 Stoneygate Road

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 two inspectors and an Expert by Experience. Our expert by experience's area of expertise was the care of people with mental health needs. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

50 Stoneygate Road 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 19 September 2019 and ended the same day. We visited the service on 19 September 2019 to see and speak with the people living there, the registered manager and office staff; and to review care records and policies and procedures.

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. We also spoke with 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

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

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 safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "I feel a lot safer here than other places [I have lived in]." A second person said, "The environment makes me feel safe and settled."
- The registered manager had training and observation systems and processes in place to ensure people using the service were safeguarded.
- Staff had received training in safeguarding people; staff demonstrated they were aware of their responsibilities for keeping people safe.

Assessing risk, safety monitoring and management

- Regular safety checks had been carried out on the environment and on the equipment used in caring for and protecting people.
- Risks associated with people's care and support had been assessed when they had first moved into the service and were reviewed regularly. Reviews took account of professional advice.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Staffing levels and recruitment

- The registered manager followed the company's policies and procedures in safe recruitment and selection processes. Staff had the appropriate checks in place, which were stored at the head office with copies in the recruitment files at the home.
- The majority of people told us, and staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs. However, one person said, "Sometimes the staff are too busy to spare a few minutes." We spoke with the registered manager about this comment. They said this would be followed up to ensure staff would be made aware to ensure people felt fully supported at all times.
- Staff confirmed there were enough staff on duty to support people in a way they preferred. A number of staff are specifically employed to assist people with one to one hours, where people have the freedom to choose how and where they spend that allocated time.
- The registered manager and senior support staff provided guidance and assistance to staff when caring for people.

Using medicines safely

- People were provided with their medicines in a safe way. A person said, "Staff ensure my medicines are given at regular times each day."
- Staff administered people's medicines in line with the provider's policies and procedures.
- Detailed guidance was in place to assist staff in administering medicines, the storage environment and

observe for any reactions or side effects to medicines.

- Staff received regular training and competency checks on the medicine administering process.

Preventing and controlling infection

- Staff received training in infection control and were provided with personal protective equipment to help prevent the spread of infections. One person said, "The home is clean enough for me."
- Good practice around prevention of infections was shared as part of team discussions or personal supervisions.
- The registered manager had a plan in place for the replacement of carpeting which may cause a potential contamination issue.

Learning lessons when things go wrong

- Information from investigations or company updates was shared with staff through individual supervision or staff meetings.

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. Assessments included information about the support people required for their physical, mental and emotional health; their ability to communicate; relationships; current independence skills and how best to support them to make informed choices.
- This information was then used to inform people's care planning document and for some plan moves to independent living. Some people had lived in the home for an extended period of time so had their needs re-assessed. Changes were then made to their care plan, clearly recording any changes and then communicated with staff.
- Changes to people's care plans and risk assessments was made from information provided by professionals.

Staff support: induction, training, skills and experience

- The range of training offered to staff ensured staff were trained to safeguard and protect people from abuse. The companies training staff organised all staff training. Some staff had yet to complete these courses, however these were planned to be completed within an acceptable timescale following the inspection.
- Staff told us they felt induction training was good and enabled them to commence their roles effectively. A staff member said, "I've had loads of training and refreshed yearly. Training is good."
- Staff had regular supervision with the registered manager or another of the senior staff team. There was a systematic plan of competence checks to ensure staff adhered to the training provided.

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, "They do their best with food [from the central kitchen], plenty of fresh vegetables." A second person said, "The food choice is great with a wide choice on the menu."
- People's requirements around eating and drinking 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 were invited to participate in 'Well Man or Well Woman' meetings which were planned monthly. There had been some initial interest in these, however, this had reduced recently. There were ongoing discussions if or how these were to continue.
- 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, health and medical needs.
- People had detailed planned intervention for their specific health needs. We saw a care plan had been developed that included why a person suffered from a specific condition, what set the condition off and what staff could do to assist the person through the episode. One person said, "Senior staff will make me an appointment with the GP or dentist."

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

- The home was in a reasonable state of repair and equipped to meet people's needs. Communal areas were bright and comfortable and led to an outside area with a large pleasant garden. The registered manager had plans in place to improve areas throughout the home. There are planned changes to some of the ground floor bedrooms to provide en-suite accommodation. There were also planned adaptations to the dining room and lounge to allow a larger kitchenette area, so people had better facilities to support their independence.
- People's independence skills were constantly under review, and there was an emphasis on people moving out of the home into independent accommodation.
- People's rooms were decorated according to their preferences and included personal items such as photographs and ornaments. The registered manager said people could bring in items of furniture as long as they met the fire regulations.

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.

- People's capacity to make decisions had been considered at the time of their assessments and was updated regularly. We heard care staff seeking consent from people before offering support to them.
- 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.
- Staff demonstrated they were aware of how to safeguard people and explained how they protect them.

- Where people's freedom was restricted we saw the registered manager had applied for, or been granted, a DoLS. Where these had been granted we saw that no conditions had been set by the local authority.

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

- We observed people were treated with kindness and compassion by the staff group. Interactions with people throughout the inspection showed that they were treated respectfully. One person said, "The staff are kind and caring." One staff member said, "If [the] residents are happy I am happy."
- The provider met their obligations under the Equalities Act and provided people with a service that met their individual diversity needs.

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. We saw evidence where people had been involved in reviewing and confirming the changes in their care plan.
- We saw that people had the opportunity of involving an independent advocate, and there was evidence of advocate's contact details displayed in the home. 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 adequately to make informed choices due to visits from local authority staff and individual advocacy support.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was recognised. Some people had en-suite accommodation which assisted people's privacy and promoted their wellbeing. One person said, "Staff treat me with respect and observe my dignity."
- 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's privacy and dignity.
- People's independence was promoted by them having their own food budget. This promoted the potential for people transferring to independent living. One person said, "I buy my own food and cook it myself."

Is the service responsive?

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were detailed, included risk assessments and provided staff with information based on people's personal care needs. Pre-admission assessments informed people's care plans and there was detailed information about people's life history; likes and dislikes; and future plans. Care plans included a recent photograph and documentation which could be used in an emergency. For example, if the person was admitted to hospital. Staff demonstrated they were aware of people's individual needs. One person said, "I know about my care plan but I leave that to the staff, I know I can contribute to it." Another person said, "I know of my care plan and staff have regular chats with me [about it]."
- We spent time and observed people in the public areas of the home. Some watched television and conversed with staff, whilst others played pool in the conservatory. The Expert by Experience spoke with several people as individuals and small groups. That demonstrated that people were relaxed about sharing information about the home with a wider group and appeared relaxed with this and interacting with staff.

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.

- There were communication passports in care plans for those who required them. Communication passports are a means of communicating people's support needs, where the person is unable to express those needs verbally or has a cognitive impairment that has reduced their ability to communicate on a temporary or permanent basis.
- We asked the registered manager about the accessible information standards. 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.

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 encouraged to continue with relationships with family, friends and others important to them. One person said, "I can go out and see my family and they visit me here as well." Another person said, "[I have] continuing contact with family friends and [fellow] supporter."
- Several people accessed the community independently and others accompanied by staff, one of whose

main duties was activity based care. People had the option of regular planned activities which in part had helped develop their self-help skills and provided them with meaningful pastimes. We saw evidence where people were upskilled to support a move to independent living. One person said, "Staff encourage me to be independent." Another person said, "Staff are very good at trying to keep us busy."

- People told us relatives and friends could visit the home and told us they were made welcome by the staff team.

Improving care quality in response to complaints or concerns

- People were enabled to make complaints about the service. One person said, "Staff give the time to deal with verbal complaints really quickly." Another person said, "I feel able to speak with staff if I'm unsettled or feeling vulnerable."

- The provider had copies of the complaint's procedure placed throughout the home.

- The provider had systems in place to record complaints. Records demonstrated the service had received one complaint in the past 12 months. The registered manager had responded to the complainant in writing.

- There were also five compliments in the same period, from a family member and professional sources.

End of life care and support

- End of life planning had been recognised in care and support plans. The registered manager said staff had discussed 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.

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 registered manager had developed person centred processes which ensured people were cared for and supported safely in line with current legislation.
- People were encouraged to participate in changes and improvements to the home. The registered manager stated there were, "Changes afoot with monies being allocated [from head office]."

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 service 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 auditing systems in place to monitor the quality and safety of the service and used these to check all aspects of the home on a regular basis.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission 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 to rate how well the service performed.
- The registered manager said the company sent questionnaires to people in the home, where appropriate their relatives, home's staff and external professionals. One person said, "I completed a survey about my experience at the home about three months ago." A second person said, "There was a survey to residents about six months ago."

- The registered manager sent us the outcome from the 2018 questionnaires which provided the basis for changes in the home. These included changes to the menu and trips away from the home using the transport supplied by the provider.
- Staff felt supported by the management team, one staff member said, "[Named] is amazing, hand on heart, they listen to everybody." Another staff member said, "[Named] is good as a manager, helps a lot when needed. Primelife are good as a company."

Continuous learning and improving care

- People told us there were regular meetings to discuss any issues that had arisen at the home, which had been acted on. One person said, "[There are] weekly residents' meetings but I don't engage." Another person said, "The minutes of the meetings are posted through your door if you didn't attend." Follow up meetings were held and documented to inform people of the outcome of questions asked at the previous meeting. These were held promptly after the main meeting so people did not need to wait for the following months meeting for decisions and outcomes.
- People and staff said the registered manager was accessible and approachable and dealt with any concerns they raised. One person said, "I know who the senior management are, and I see them most days." They added they felt confident about reporting any concerns or poor practice to the registered manager, deputy or senior care staff.

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.