

Surrey and Borders Partnership NHS Foundation Trust

Jasmine at Primrose

Inspection report

Primrose 2, The Meadows
Horton Lane
Epsom
Surrey
KT19 8PB

Website: www.sapb.nhs.uk

Date of inspection visit:
16 March 2016

Date of publication:
22 April 2016

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Jasmine at Primrose is a short-term respite service for up to a maximum of eight adults with a learning disability and specialist health needs such as epilepsy, autism or a sensory impairment. At the time of our inspection six people were staying at Jasmine at Primrose.

This was an unannounced inspection which took place on 16 March 2016.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

There were an insufficient number of staff to support people to undertake individualised activities or to go out when they wished. We received mixed feedback about the management of the service. Some staff said they did not feel as supported as they would like to. The registered manager told us they did not know people as well as they would like to.

Proper medicine management procedures were followed by staff. Storage of medicines was good and records related to medicines were completed correctly. However, there was a lack of protocols for people who required medicines on an 'as required' basis.

People's individual risks had been identified by staff, although guidance for staff on how to manage these risks were not always easily available to staff.

People were cared for by staff who were extremely kind and attentive. Staff encouraged people to participate in tasks in the home during the day. People were able to make their own choices. Relatives were very involved and consulted all the time in relation to their family members care.

There was a programme of training for staff which help them to feel confident in their role. Staff had the opportunity to meet with their line manager on a regular basis to discuss all aspects of their work as well as to undertake training specific to the needs of people.

Where people had specific dietary requirements staff were aware of these and made sure people were provided with appropriate food or support. Staff helped people access external healthcare professionals when they needed to.

Accidents and incidents that occurred were recorded and monitored by staff. There were very few incidents at the service. Staff understanding of safeguarding and what to do if they suspected abuse was taking place was good.

Should the service have to close staff had a contingency plan available to them to help ensure people's care would not be compromised. Good recruitment processes were followed to help ensure people were cared for by staff who were suitable to work at the service.

The correct procedures were being followed by staff in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). As people generally stayed for short-term respite staff followed the Trust policy on submitting DoLS applications.

People had a pre-admission assessment before they used the service and this formed the basis of a person's care plan. Care plans were reviewed each time a person came to stay at Jasmine at Primrose. Complaint information, in an appropriate format, was available to people and their families.

Quality assurance checks took place to help ensure people were receiving the best care possible in the most appropriate environment. Staff were involved in the service through regular staff meetings and parents were encouraged to give their feedback.

During our inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made some recommendations to the registered provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

There were not always enough staff to meet all the needs of people.

Staff followed robust medicines management procedures, however some information about the medicines people may require were not complete.

People's risks had been identified, however there was insufficient guidance for staff.

Accidents and incidents were recorded and staff had a good knowledge of safeguarding people. Appropriate recruitment processes were followed.

Guidance was in place for staff and people should there be an emergency at the service.

Is the service effective?

Good ●

The service was effective.

Staff followed the processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had access to training relevant to their role and were able to meet with their line manager regularly to discuss their work.

People were supported appropriately in relation to the food they ate and the assistance they required.

People were supported to access healthcare professional services when needed.

Is the service caring?

Good ●

The service was very caring.

People received kind and attentive care from staff who clearly knew people well.

People were encouraged and prompted to be independent and make their own decisions and choices.

People were treated with respect and dignity by staff.

People's relatives were involved in the service.

Is the service responsive?

Good ●

The service was responsive.

People had a pre-admission assessments which formed the basis of their care plan. Care records were consistently reviewed as people used the service.

Activities were arranged for people both inside and outside of the service.

There was complaint information available to people.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There was a lack of management oversight of the service and some staff did not feel supported by the registered manager or senior management.

Staff monitored the safety and quality of the service and acted on any actions identified through audits.

People and relatives were given the opportunity to give feedback in relation to the service.

Jasmine at Primrose

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 was an unannounced inspection which took place on 16 March 2016. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the information we had about the service. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we inspected this service sooner than we had planned to. We reviewed notifications of significant events that affected the running of the service which the registered manager had sent to us. A notification is information about important events which the service is required to send us by law.

People who were living at Jasmine at Primrose on the day of our inspection were unable to tell us in detail about their experiences because of their communication needs, so instead we observed the care and support being provided by staff. Following the inspection we received feedback from seven relatives.

As part of the inspection we spoke with the Trust service manager for the service, the registered manager and five staff. We looked at a range of records about people's care and how the service was managed. For example, we looked at four care records, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at two recruitment files.

This was the first inspection of Jasmine at Primrose.

Is the service safe?

Our findings

Relatives felt their family members were safe at Jasmine at Primrose. One relative said, "Everything is locked and they have proper security." Another told us, "I feel he is safe because staff have been there for a long time and know him well." A third relative told us, "I have never ever felt anxious about him going there."

People may not always have the choice to go out if they wished and their care may be comprised because of the current staffing levels. The registered manager told us there was a minimum of two staff on duty each day and staffing levels varied depending on the support each person required. Although he added the decision for staffing levels was, "More art than science." He said he was reliant on staff advising him on staffing levels. For example, staff would look at the rota and say if they needed more staff and if so he would try to find them. Rotas we looked at demonstrated difficulty in covering shifts with gaps still present for the week of our inspection and no variation of staffing numbers dependent on who was staying. During the day four of the six people were out at day services. One person who remained in the home required visual one to one support at all times and two to one care when they had a shower. Another required two to one support in the bathroom with personal care. We asked staff how they would support the person in the shower if only two staff were on duty and were told that they would have to make sure the other person was sat by the bathroom door so they could keep an eye on them.

There were times when people were not able to go out of the home because of a lack of staff or a lack of staff able to drive the service vehicle. Staff told us that staffing levels were low at present and this impacted on activities. Staff said the impact was felt much more at the weekend when they were busy and it was more likely the service was full. For example, one person during a nine-day stay had only gone out twice. Staff told us one person had not gone out at all during this current stay because of a shortage of staff and people were unable to attend a disco at the weekend as there were no drivers to take them. On the day of the inspection the registered manager had to arrange for a day centre to pick up one person because there was no access to the service vehicle. One relative said, "I would like them to do more in terms of activities, for example taking them out, but there are times when there are not enough staff or drivers." Another said, "There are not enough staff to provide sufficient engagement for them."

We discussed staffing levels with the registered manager and service manager. They told us three new staff had been recruited as part of an on-going recruitment drive to the service. They told us they were ensuring new staff they recruited would be able to drive the service vehicle.

The failure to provide sufficient staff to meet people's needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe medicines management processes were carried out by staff. There were policies and procedures in place to make sure that people received their medicines safely and on time. Medicines cupboards were clean and tidy and temperature checks of the cupboards and medicines fridge were checked daily to ensure medicines were stored at the correct temperatures.

People received the medicines they should do. People had Medicine Administration Records (MAR) which recorded which medicines they were on, any allergies they had and how they liked to take their medicines. Each MAR had a photograph of the person in order to identify them. MAR records were completed correctly and contained no gaps or errors. Where people had 'as required' (PRN) medicines there was guidance to staff. For example, each person had a Disability Distress Tool form (DisDat) which referred to each person's individualised medicines chart. This gave information to staff how a person may indicate they were in pain.

Although individual risks to people were identified and on speaking to staff they were aware of these risks, guidance for staff was at times lacking or inaccessible. For example, one person only had a risk assessment in relation to them showering, however their care records stated they required two staff members due to their health condition. There were no individual risk assessments around this. A second person had behavioural needs and although there were guidelines in place for staff these were written in a reactive, rather than proactive way. A third person we were told required two staff when they left the service, however their care plan stated they only required one member of staff. The registered manager and other staff told us further information and risk assessments were stored on the service computer system but they were not able to locate them on the day which meant staff would not have easy access to them.

We recommend the registered provider ensures staff help mitigate risks to people by developing comprehensive guidance when appropriate.

Accidents and incidents were recorded by staff and reviewed by the registered manager and Trust head office. The registered manager told us incidents were low and this was confirmed by the records we saw as the last one occurred in November 2015.

Only suitable staff were recruited. Appropriate checks were undertaken before staff began work. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history and character references in staff files to show that staff were suitable to work in the service.

People were safeguarded from the risk of abuse. Staff had a good understanding about their safeguarding responsibilities and were confident about their role in keeping people safe. They demonstrated they knew what to do if they thought someone was at risk of abuse. Policies and procedures were in place for staff to follow if they suspected harm and all staff were clear about how to correctly report abuse to the outside agencies if necessary.

People's care would not be compromised in the event of an emergency, such as the building being flooded or a fire, as there was a Trust contingency plan in place. The registered manager said if they knew in advance the service could not operate safely they would make alternative arrangements with parents.

Is the service effective?

Our findings

People were able to choose what they had to eat and drink. Staff had pictures of different foods and meals to assist a person in their choice. At lunch time staff place three different types of sandwich fillings in front of one person so they could indicate which one they wished. Staff told us if someone was not eating food that had been prepared for them, they would try them with something else. People's likes and dislikes in relation to food choices were listed in people's care records. People had lunch with staff and there was easy going chatter during the mealtime. People were offered more food and drinks by staff.

People's dietary requirements were recognised by staff and people received the appropriate support and food to ensure they were not at risk. For example, one person required their food to be cut up into small pieces and for staff to sit with them whilst they were eating. We saw this happen at lunchtime. Another person was at risk of choking and required thickeners in their drinks. This was included in their care records and staff were able to tell us this information when we asked them.

People received effective care from staff. For example, we noted a family member had written, 'still having times when won't eat and drink, please record in day book'. We saw staff had respected the relative's wishes and were recording this person's food and fluid intake so this could be monitored.

People were protected by staff who understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA protects people who may lack capacity and ensures that their best interests are considered when decisions that affect them are made. Each person's capacity was determined before they used the service and where necessary best interest meetings were held. Staff demonstrated their knowledge of the MCA. For example one member of staff said, "Presume ability to consent. Everyone has a choice of making a bad choice." Other staff told us they would always try to give people choices in their day to day care and spoke to families to gain information around routines and preferences. We heard staff ask for people's consent during the inspection.

The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS ensure that people receive the care and treatment they need in the least restrictive manner. Staff demonstrated to us their understanding of when these should be applied. For example, in relation to the locked front door. The registered manager told us they followed the Trust policy by only submitting DoLS applications for people staying with them for 15 days or longer.

People were supported to access external health care professionals should they require them. As a respite service staff did not arrange people's routine appointments although the registered manager and staff told us they would support a person to access health care professionals if needed. For example, one person had a dental appointment on the day before our inspection and staff had supported this person to attend.

The service had a programme of training in place and staff told us that they regularly updated their learning

and had completed courses such as moving and handling, health and safety, safeguarding and fire safety. Staff told us that the training was a mixture of on-line and face to face training. They said the training they undertook helped them to feel confident in their role and that they had training specific to the needs of the people who used Jasmine at Primrose. For example, epilepsy with rescue medication and peg feeding (feeding through a tube).

The service had a schedule for the supervision of staff and staff confirmed they received supervision and appraisal. Supervision is important as it allows a staff member's line manager to check staff are transferring their learning into practice. An appraisal gives staff the opportunity to talk about all aspects of their role.

Is the service caring?

Our findings

We received some positive feedback from relatives about the service. One relative said, "The staff are kind and helpful. I can't fault the place." Another relative told us, "We're very happy with the care he gets there. The staff are very caring." A third relative said, "He is extremely happy there and it is really noticeable how much he enjoys being there. Very caring staff." A fourth relative commented, "100% happy. She is always keen to go – she says she wants to live there."

Staff respected people's individuality and choice as much as they could. People were encouraged to bring in their own personal belongings for their rooms. When people requested a particular room staff would always try to arrange this. Due to their knowledge of people they knew which people would be happy staying in any of the rooms at Jasmine at Primrose and which people only liked one particular room.

People were cared for by staff who knew them. Staff were able to tell us people's past history and the individual characteristics of people. They described to us the things people enjoyed doing or their preferences in relation to the foods they liked to eat.

People were encouraged to be independent and make their own choices. At lunch time one person, supported by staff, made their own lunch. Throughout the procedure staff encouraged and praised this person, showing an interest in what they were doing. For example, a staff member said, "Look at you, you're doing really well." Another person chose the filling for their sandwiches for lunch.

People were looked after by staff who really cared for them. Staff constantly talked to people, making general conversation, observations and comments. They continually told them what they were doing and included them in everything. Staff praised people when they did something, such as completing some art work or a puzzle. Staff spoke with people in a kind and sensitive manner and always offered people drinks when they made one for themselves.

People were made to feel as though they mattered and the attitude of staff towards people was considerate, thoughtful and patient. A member of staff said, "Hello, that's a nice top." To one person when they saw them. This same person asked several times when they would be going home and staff responded each time with patience and understanding. Another person was encouraged and prompted by a member of staff to put away some items from an activity they had been engaged in. The staff member encouraged them in a gentle manner helping the person to complete the task.

People were shown respect and dignity by staff. Staff knocked on people's doors before they entered rooms and they adjusted people's clothing discreetly to make sure they were presentable. A member of staff told us, "I would always ask people for their consent, give them a varied choice and I wouldn't talk about them to other people." People looked well cared for. Their hair was done nicely and they were in clean clothes.

People were provided with information in a way they would understand. There was a board in the hallway which showed people which staff were on duty for the day and which activities were planned. Pictures had

been used so people could visually recognise the staff who would be looking after them. Staff also used pictures for one person to help them understand how many days they would stay at the service.

People lived in a homely environment. The registered manager had hung art work around the service, rooms were clean and comfortable and furnishings bright. The environment felt warm and pleasant.

Relatives told us staff were good at communicating with them and some relatives told us they attended the parents meetings.

Is the service responsive?

Our findings

We asked relatives if there was enough stimulation for their family member when they stayed at Jasmine at Primrose. One relative told us, "There always appears there's enough going on and he enjoys the company." However, another relative said they felt there could be more individualised activities but felt this could be down to a lack of staff. Staff told us they had taken people to the theatre and to see the Christmas lights in the past and they hoped once they were fully recruited to they would be able to access more external activities once again.

There were facilities within the service that people could engage in. The service had a well-equipped sensory room available which we saw one person use in the morning. In addition there was a large screen in the lounge/dining area in which 'cinema' nights could be recreated. Two people watched DVDs during the day and appeared happy with this. One person danced along intermittently and the other watched and smiled. Before lunch staff engaged people in art and crafts and puzzles. The atmosphere was very upbeat and relaxed. People attended pre-arranged activities outside of the home. For example, several people who stayed at Jasmine at Primrose attended a day centre during the day.

People had a needs assessment carried out before they used the service in order to ensure Jasmine at Primrose could meet their needs. These assessments formed the basis of the person's care plan. Assessments were reviewed and updated the day before a person used the service and a 'discharge' record was completed when people moved back to live with their families. The discharge summary was completed even when people used the service every week on a regular basis.

Care plans covered areas of need such as physical health, sleeping, mobility, manual handling, dressing, bathing and communication. Care records were individualised. For example, one stated the support someone required getting dressed and the type of clothes they liked to wear. This same persons care records were clear about their food preferences. For example, 'food needs to be cut up, crusts removed and drinks lukewarm'. Another person had detailed health information in relation to their epilepsy which included a description of the type of seizures the person may have and the treatment required. Each person had a hospital passport. This included important information about the person and their specific needs should they need to go into hospital. Families told us they were regularly involved in the review of their family members care plans.

Complaint information was made available to people in a way they would understand. For example, in pictorial format. The registered manager told us they had received no formal complaints about the service. Relatives told us they knew they could approach staff if they had any issues.

Is the service well-led?

Our findings

We received a mixed response from staff when we asked them if they felt supported by management. Some staff told us the registered manager did not support them as much as he could and they did not feel listened to. Staff had requested a meeting with the service manager to discuss their concerns but this had been cancelled and another one not convened. Staff said they felt there was favouritism towards some staff. They did not feel the team worked well together and there was some divide as some staff sometimes left the work to others. For example, staff arrived on shift to find people had not received the personal care they required. This view was supported by a relative who said, "Some staff seem reluctant to carry out some care and leave it to the next person."

The registered manager managed two services and they told us they felt this had an impact on Jasmine at Primrose as well as themselves. He said in previous roles he had known every person and their families well, but was unable to do this here. He told us he was reliant on staff who had been at the service for many years ensuring he had the information he needed which made him feel vulnerable as he felt he should know everything about the service. This was evident during our inspection as the registered manager was not always able to find the information we required and was reliant on other staff to show us. A relative told us, "I don't know him (the registered manager) that well because he's not always there." Another told us, "Although he (the registered manager) seems to want to do the right thing, the leadership seems to have gone because he is not always there."

We recommend the registered provider ensures that there is appropriate support for the registered manager to ensure the service is managed effectively.

Staff undertook regular quality assurance audits to help ensure a good quality of care was being provided at the service and there was a safe environment for people to live in. For example, infection control assessments and meetings and health and safety audits. The last health and safety audit identified servicing of the fire extinguishers had expired and we saw this had been undertaken. Feedback from a Trust audit inspection was a, 'lack of pictures in the corridor' which the registered manager had remedied. A fire safety risk assessment had been completed in March 2015.

Relatives were encouraged to be involved in the service. There was an annual barbeque and staff told us that parents of people who no longer used the service still attended. Regular parent/carers meetings were held and feedback was listened to. For example, parents had asked for black-out blinds to be hung in all the bedrooms and this had been done. A relative said, "We have meetings where we can express any concerns we may have." We noted parents had commented on the lack of outings at a recent meeting. The registered manager had responded, 'sometimes we do not have a driver on shift.'

Staff meetings were held so staff had the opportunity to feel involved in the running of the service. Attendance at the meetings were variable, however we read that a range of topics was discussed which included staffing levels, training and important information about individual people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered provider had not ensured there were a sufficient number of staff on duty to meet people's needs.