

Primrose Residential Service

Primrose Place

Inspection report

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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

This inspection took place on 21 January 2016 and was unannounced. At our last inspection on 22 April 2014, the provider was meeting all the regulations that we assessed.

Primrose Place is registered to provide accommodation and personal care for up to five adults with a sensory impairment and/or learning disabilities. The home was providing care and support to four people at the time of our inspection.

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 2008 and associated Regulations about how the service is run.

People were safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed appropriately. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm

There were enough staff, which were safely recruited and had received appropriate training so that they were able to support people with their individual needs.

People safely received their medicines as prescribed to them.

Staff sought people's consent before providing care and support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People were supported to have food that they enjoyed and meal times were flexible to meet people's needs.

People were supported to stay healthy and accessed health care professionals as required.

People were treated with kindness and compassion. We saw that care was inclusive and people benefitted from positive interactions with staff.

People's right to privacy was promoted and people's independence was encouraged where possible.

People received care from staff that knew them well. People benefitted from opportunities to take part in activities that they enjoyed and what was important to them.

Staff were aware of the signs that would indicate that a person was unhappy, so that they could take

appropriate action. Information was available around the home in easy read formats for people.

The provider had management systems in place to audit, assess and monitor the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff was aware of the processes they needed to follow.

Risks to people was appropriately assessed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People received their prescribed medicines as required.

Is the service effective?

Good ●

The service was effective.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that knew them well and who were caring.

People's dignity, privacy and independence were promoted as much as possible and maintained

People were treated with kindness and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities that met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were well supported to maintain relationships with their relatives.

Complaints procedures were in place for people and relatives to voice their concerns. Staff understood when people were unhappy so that they could respond appropriately.

Is the service well-led?

Good ●

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

Relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

Primrose Place

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 January 2016 and was unannounced. The membership of the inspection team comprised of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed 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. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service.

During our inspection we spent time with three people living at Primrose Place. Some of the people had limited verbal communication and were not always able to tell us how they found living at the home. We saw how staff supported people throughout the inspection to help us understand peoples' experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with one person who lived at Primrose Place, the provider, the registered manager and three care staff. We spoke with three relatives of people by telephone. We looked at the care records of two people, the medicine management processes and records maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a quality service.

Is the service safe?

Our findings

No person living at Primrose Place was able to tell us how they were protected from the risk of harm. We could see from their smiles, gestures and manner, people enjoyed the company of staff and was comfortable with their surrounding environment. People looked relaxed and comfortable in the presence of staff. We saw that staff acted in an appropriate way to keep people safe. For example, staff were aware of the potential dangers of supporting people outside the home and what could pose a risk to people. Staff ensured these risks were minimised through supervision of the person. One staff member told us, "[Person's name] is unable to see so I make sure I am always talking to them, guiding them up and down kerbs, letting them know what's up ahead and what to expect when walking on different ground levels, it is very important to give clear guidance on any potential obstacle." Another staff member said, "We make sure the home is kept clear of objects and furniture is not moved unnecessarily because people are used to walking around the home and know exactly where their rooms are and where the furniture is." People's relatives told us that they had no concerns about their family member's safety. One relative told us, "I am confident they [staff] are keeping [person's name] safe."

Staff told us they had received training in protecting people from abuse and they were knowledgeable about the different types of potential abuse. One staff member said, "We have refresher training every year." Staff recognised that changes in people's behaviour or mood could indicate people may have been harmed or they were unhappy. Another staff member told us, "Most of the staff have been here a while and we know the people really well, if they were to become suddenly quiet, troubled or unresponsive to us, we'd know something was wrong." A third staff member said, "If I saw any unexplained marks or bruising, I would speak with the manager and if they weren't around I'd contact whoever was on call." Staff told us that on the 'rare' occasion they had to contact the on call manager, they had never experienced any difficulties in reaching them. We saw the provider had procedures in place, so staff had the information they needed to respond and report concerns about people's safety.

Staff spoken with was knowledgeable about the risks to people. Care records we looked at showed that the risks to people had been assessed and plans were in place to manage this risk. We saw that people were supported in accordance with their risk management plans. For example, two people were liable to have seizures. One relative told us, "The staff are very aware of what to do and support [person's name] should they have a seizure." Staff were able to explain, in detail, what signals and signs they would look for that could indicate when people became unwell. They continued to explain how they would ensure the person was kept safe during their seizure and when it was necessary to call the emergency services.

Everyone we spoke with felt there was sufficient staff working at the home to meet people's needs. One relative told us, "There's enough staff." Another relative said, "There are always plenty of staff on duty, if [person's name] wants anything somebody is there to help." A staff member told us, "Most definitely there is enough staff." The registered manager explained how they managed annual leave and unplanned absences. They told us they had a number of bank staff who they used regularly. This was confirmed by staff and relatives. (Bank staff are just called upon when needed rather than having regular contracted work). Staff also told us they would provide cover for each other and if the need arose, they would 'swap

shifts' to accommodate each other. One staff member said, "We do cover for each other, if someone has an appointment or can't come in for any reason, we ask if anyone is able to change their shift." For people with a learning disability and/or autism, unplanned changes to their daily routine can cause upset and confusion. The processes in place at Primrose Place ensured people were continually supported by staff that knew them well and maintained consistency of care. On the day of our inspection visit, we saw that people did not have to wait for support from staff and there was enough staff to take people out to the shops and for walks.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We saw this included references and checks made through the Disclosure and Barring Service (DBS). We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living at the home.

Relatives told us they had no concerns with their family member's medicine. One relative said, "To my knowledge, there haven't been any issues with [person's name] medicine." Another relative told us, "There was one incident, the manager called us straight away to explain, we were very happy with the action taken and the outcome, we have no concerns." We looked at the systems for managing medicines in the home and saw that there were appropriate arrangements in place for the safe handling of medicines. Staff told us they only administered medicines when they had been assessed by a member of the management team following an observed practice. One staff member told us, "I shadowed staff and was observed by the manager before I could give people their medicine." We saw there were appropriate systems in place to ensure medicines were received, recorded, returned and destroyed safely.

Administration records detailing when people had received their medicines had been completed by staff. We checked daily records of two people and counted the medicine that confirmed people had received their medicine as prescribed. Some people required medication on 'as required' basis. Guidance was available for staff when people would need their 'as required' medicine. Staff we spoke with were able to explain, in detail, the signs and behaviours that would indicate when people were in pain or distressed and required their medicine.

Is the service effective?

Our findings

All the people we spent time with were able to indicate to us through their conversation, facial expressions and use body language, that they were happy living at the home. We asked one person if they liked living at Primrose Place and they smiled whilst saying "Yes." Relatives spoken with felt staff had the skills to meet people's needs. One relative said, "I think the staff have the skills, I know they receive regular training, I think the management are very hot on that." A second relative told us, "Staff do have the skills [person's name] needs to support him." All of the staff spoken with said that they had received the training they needed, in order to do their job effectively. One staff member said, "The induction was lengthy and covered a lot and I learnt a lot in the everyday activities that I did." Another staff member said, "I enjoy the training, we have a nice variety of things to learn and it helps me. We can access our own training on line and do top ups if we want to." A third staff member told us, "Since coming here I've done so much training, the induction prepared me well." We saw that staff had received appropriate training and had the skills they required in order to meet people's needs.

Staff told us that they felt supported and that the registered manager was approachable. They told us they received regular supervision from the deputy manager; adding that the registered manager was always available for support and guidance as well. One member of staff said, "Take this morning, we've had one person who has become unwell, the manager has helped me to support them, you can always rely on her when you need it." Another staff member told us, "I wouldn't hesitate calling the managers if I needed to, you can call them anytime, day or night, they are very approachable." Relatives felt assured by the registered manager, one relative told us, "The manager always rings me if there is anything she needs to discuss, and I would have no concerns in contacting her." We saw that the registered manager was accessible and available; staff freely approached the registered manager and the provider for guidance and advice when needed.

We saw people that lived at Primrose Place did not have the mental capacity to make an informed choice about some decisions in their lives. Throughout the inspection we saw staff cared for people in a way that involved people in making some choices and decisions about their care and support. For example, staff encouraged people to choose what they wanted to eat and drink. One staff member told us, "We sometimes use picture cards that one person will point to." Another staff member explained how one person was supported to choose what they wanted by touching specific items. We saw that staff understood people's preferred communication styles and used these to encourage people to make informed decisions. Where people lacked the mental capacity to consent to decisions about their care or medical treatment, the provider had arrangements in place to ensure decisions were made in the person's best interest.

Staff told us and we saw that they had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA is important legislation that sets out the requirements that ensure that where people are unable to make significant and day to day decisions, that these are made in their best interest. DoLS are in place so that any restrictions in place are lawful and people's rights are upheld. We saw the provider had made applications for the people using the service, to the Statutory Body to authorise the restrictions placed upon them. The provider had acted in accordance with the legislation

and people's rights were protected.

Primrose Place had a weekly menu planning system. Two people were able to tell staff what they wanted and we saw that photographs of food was also used, where appropriate, so people could make a decision about what they wanted to eat. Staff explained because most people had lived at Primrose Place for a long period time and the staff knew them well, they were aware of people's likes and dislikes. Staff continued to explain if people did not want something, they would push it away and staff would prepare something else. Staff spoken with were able to tell us about people's nutritional needs and knew what food people liked and disliked. One staff member told us, "If people don't like what is given to them, they won't eat it and we offer something else, we always give people a choice." Another staff member said, "Every week we plan a menu and encourage people to eat vegetables and fruit." At lunch time we saw staff gave people choices of what they wanted to eat and we saw one person tell staff what they wanted for their tea.

One relative told us, "[Person's name] eats very well, they love their food." A second relative said, "I am very happy with the support [person's name] gets with their food, they look very healthy." We saw that one person had been unwell and had lost some weight. Their relative told us the staff had been 'very good' at prompting and encouraging their family member to eat and drink more regularly. We also saw with the involvement of health care professionals and staff monitoring their food intake, the person had gradually increased their weight. For people who had specific cultural requirements staff clarified they bought suitable foods and would prepare their meals separately. We saw there was fresh fruit available for people to eat if they wished and staff confirmed they encouraged people to try healthy alternatives. A relative told us, "[Person's name] eats food they never ate at home, the staff have encouraged them to try different foods which has helped with their diet."

People looked well cared for. Relatives spoken with thought that their family member's health needs were being met. One relative said, "There are no problems with accessing the doctor or dentist [person's name] goes regularly." Another relative explained how the home had supported their family member when they had become very unwell and arranged for different health care professionals to come to the home to see their family member. We saw from care records that people were supported to access a variety of health and social care professionals. For example, psychiatrist, dentist, opticians and GP, as required, so that their health care needs were met and monitored regularly.

Is the service caring?

Our findings

The atmosphere within the home was welcoming. In the lounge there was a range of sensory lighting used to create a stimulating and calming environment for people. We asked one person if they liked the lounge and they told us, "Yes." One relative said, "I can't speak highly enough of the home." A second relative told us, "I can't fault Primrose Place, it's marvellous." We saw that the connections between people using the service and staff showed that they had good relationships. Conversations were sensitive, caring and respectful. A member of staff said, "I miss it when I'm on holiday, it's lovely."

We saw that staff knew people well and could tell when people were happy or wanted to be left alone. For example, one person wanted to remain in their room. The staff recognised the person's need to remain in their room and told us when the person felt like this, they wanted to be left alone. We saw this was respected by staff. Most of the staff we spoke with had worked at Primrose Place for a period of time and this had provided stability and consistency of care for people.

Staff explained how they supported people to maintain their cultural beliefs, for example, staff supported two people to access their local place of worship. We saw that care plans were personalised and contained detailed information about people's health care and support needs. For example, they showed how each person communicated which supported staff by providing them with the information they needed so they could meet people's needs. A relative told us, "I am very involved in [person's name] care and in contact with the home on a regular basis, we review the care plan every six months." We saw the plans were regularly reviewed and updated when people's needs changed. We saw that staff were all skilled and able to communicate with people in a way they understood. We observed staff communicating with people verbally and by using objects. We saw that people understood what staff was communicating to them and responded appropriately.

We saw that there was information available to people in accessible formats, where applicable, so that they could make some choices and decisions about their care. One relative told us, "I'm happy the staff still use the communication book I brought in when [person's name] first came to Primrose Place. It's such a lovely home, I'm so pleased [person's name] is here." Staff supported people to do what they wanted. For example, one person chose to listen to their music in the dining area, we saw they enjoyed singing along with the songs.

Information was available about independent advocacy services and we saw that one person had been supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes. The provider had supported the person to access advocacy to ensure they could fully express their views.

A staff member told us, "We don't talk about the people here outside of work or to other relatives". A relative said, "I've never heard the staff speak about anyone, even when we ask how people are, the staff are very careful what they say so they don't disclose anything about people." We saw the provider's confidentiality policy.

We saw people's privacy and dignity was promoted. People could spend time in their room so that they had privacy when they wanted it. Staff spoke to people respectfully and personal care was delivered in private. Staff made sure that bedroom and bathroom doors were closed, preserving people's dignity. We heard staff addressing people by their preferred names. People were dressed in their own individual styles of clothing that reflected their age, gender and personality. We saw staff were polite. Staff we spoke with explained how they promoted people's privacy and dignity. People were supported to be as independent as possible. For example, one person had worked with staff to hoover their bedroom, another person was working towards putting their clean laundry away in their drawers.

Is the service responsive?

Our findings

We saw that staff knew people well and they knew what people liked. One relative told us, "Staff know [person's name] really well." We saw people were encouraged to make as many decisions about their support as was practicably possible. For example, staff would ask people what they wanted either verbally or using items for people to touch and help them make their choice. Relatives we spoke with told us they were all involved with their family member's care reviews and were in regular contact with the home about people's care and support needs. A relative told us, "I am more than happy with the support [person's name] receives from staff, they do listen to what I have to say, sometimes they will phone me to ask for guidance and advice."

We saw that all people living at the home had their own bedrooms. We were invited into one room, it was decorated to reflect the person's individual tastes and interests. The room was personalised and contained items and pictures that were important to the person. We saw Primrose Place had adapted different shaped handrails and bannisters throughout the home. The change in the shape of the bannisters and handrails indicated to people, with little or no sight, that they were approaching stairs or steps. We saw one person safely and independently walked up the stairs and directly entered their bedroom unassisted.

Throughout our inspection we saw that people had things to do that they found interesting. For example, three people had chosen to go out for walks or to the local shops. Another person was engaged with a number of different table top interests using items they could identify with their hands. A relative said, "[Person's name] does more than I do, there is always something for them to do." A staff member told us, "We take people out at least once a day, if they want to. [Person's name] likes to go for a walk every day, they really enjoy that." Another person attended college three days a week and indicated to us they enjoyed going. One person wanted to go to the local café, something they liked doing and when they returned they told us they had enjoyed a cake.

Staff supported people to maintain relationships that were important to them. The relatives we spoke with told us that they were able to visit at a time that was convenient for their family member. One relative told us, "We are always made to feel welcome and tend to call before we visit to make sure [person's name] is in." Another relative said, "I will give the home a call first because [person's name] does like to go out."

We saw there had been no complaints made about Primrose Place since the last inspection. Although relatives we spoke with told us they had never complained, they would have no concerns in raising any issues with the management team. One relative told us, "I've never had to complain the home is lovely, [person's name] is so happy here." Another relative said, "I am very happy with the home, but if I did have to complain I am confident the manager would investigate it thoroughly." A third relative said, "Primrose Place is excellent." Some people living at the home were unable to say if they were unhappy, however, staff knew the things that people didn't like and what would upset them. We saw that staff recognised when people were unhappy and were able to respond to them appropriately. The provider had a complaints procedure in place. We saw there was a structured approach to complaints in the event of one being raised. We saw how it would be monitored and audited that would identify trends and we saw how the provider developed

action plans where required.

Is the service well-led?

Our findings

Staff spoken with felt supported and were confident they could approach the management team and be listened to. Staff were clear about their responsibilities and all said that the people who used the service were central to the care they provided. We saw there were regular staff meetings and staff told us they felt confident to contribute to the meetings. They told us if they needed to speak with the registered manager, they could speak with her anytime and did not need to wait until meetings or their supervision. Staff we spoke with all told us that they felt listened to and had confidence in the registered manager.

One relative told us, "There isn't anything I would change about the home, it's outstanding." Another relative said, "It's a lovely family home, well maintained, always clean and tidy everything is organised." A third relative told us, "It is down to the staff and managers that [person's name] is so happy and comfortable here." Staff told us they regularly went to see the registered and/or deputy managers and confirmed they would help staff around the home. One member of staff said, "It's amazing, I love it, everyone is nice and friendly, very accommodating to each other." Another staff member told us, "The managers are very supportive, they don't make you feel stressed; when I've been on nights, they call just to see if you're ok." A third staff member said, "We work as a good team." We saw the registered manager and the provider was visible around the home. They assisted staff in providing care and support to people living at Primrose Place. The provider had a whistleblowing policy and staff told us they would have no concerns about whistleblowing and felt confident to approach the management team. They confirmed if it became necessary they would also contact Care Quality Commission (CQC), the police or the local authority.

Regular meetings were held to discuss people's needs so that care plans reflected people's current needs. The provider explained how they included people in meetings to plan, for example the menu on a weekly basis. Staff reviewed daily logs at handover to ensure events and activities were recorded in detail. We saw this allowed staff and the management team to identify any changes quickly and amend care plans accordingly.

Relatives we spoke with told us they were satisfied with the care their relative received. A relative said, "I have completed questionnaires" Another relative told us, "We are always in contact with the staff and managers, if there were any concerns about anything I'd tell them." The registered manager explained how the provider sent surveys out to relatives and staff and showed us how this information was collated and used to improve and develop the service.

There was a registered manager in post who had provided continuity and leadership in the home. We saw that accidents and incidents were recorded so that learning could take place from incidents. The registered manager had completed our Provider Information Return (PIR). The information provided on the return, reflected what we saw during the inspection. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw there was a system of internal audits and checks completed within the home by the registered manager and the provider to ensure the safety and quality of service was maintained. For example, weekly

checks of medicines management and monthly audits of care plans. We saw that any the action plans enabled the provider to monitor that actions were completed in a timely way.