Primrose Community Care Homes Ltd

Primrose House

Inspection report

19 Sand Hill Court
Farnborough
Hampshire
GU14 8EP

Tel: 01252514795

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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 unannounced inspection was carried out on the 13 October 2016.The home had been previously inspected on 1 and 2 September 2015 and a breach of the regulations had been found. People's records had not been maintained accurately or completely. Systems and processes had not enabled the provider to assess, monitor and improve the quality of care provided to people. At this inspection we aimed to see what progress had been made to ensure the quality and safety of the service had improved. The provider had told us that they would complete all the actions required to meet the regulations by January 2016, as scheduled in their action plans. During our inspection on 13 October 2016 we found that all the identified actions had been completed.

Primrose House provides accommodation and personal care for up to six people with learning disabilities. At the time of the inspection five people were using the service.

The service had 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 felt safe and protected from harm. People's safety was promoted as risks that may cause them harm in their home and in the local community had been identified and managed. Appropriate risk assessments were in place to keep people safe.

Staff understood what constituted abuse and took action when people were at risk of harm. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who use the service.

Medicines were managed safely. All staff had received training in the safe management of medicines. The provider had systems in place to store medicines.

There were enough qualified and skilled staff at the service. Staffing numbers and shifts were managed to suit people's needs so that people received their care when they needed and wanted it. The provider's training was designed to meet the needs of people using the service. As a result, staff had the knowledge they required to care for people effectively.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. Staff were trained in the principles of the MCA and could describe how people were supported to make decisions; and where people did not have the capacity, decisions were made in their best interests.

People were supported to have a healthy diet dependent on their assessed individual needs. People had a choice of foods and were involved in preparing their own meals where possible.

People had access to a range of health professionals and staff supported people to attend appointments when necessary.

Care plans were informative and contained clear guidance for staff. They included information about people's routines, personal histories, preferences and any situations which might cause them anxiety or stress. The plans clearly described how staff were supposed to support people in these circumstances. Adapted easy-to-read versions of the care plans were made available to people to facilitate their involvement in the care planning process.

The provider promoted people's personal interests and hobbies. Social activities were organised in line with people's personal interests and there was a lively atmosphere at the service. The service maintained strong links with the local community.

People who use the service the staff were very complimentary about the registered manager of the service. People told us that they were accessible and approachable. A positive and open culture was promoted at the service. The provider had effective systems in place to review 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 safeguarded from the risk of abuse. People we spoke with felt safe and staff knew about their responsibility to protect people.

There were sufficient staff to meet the needs of people who use the service. Recruitment practices were safe and thorough.

There were appropriate arrangements for the safe handling and management of medicines.

Is the service effective?

Good

The service was effective.

People received care from staff who were trained to meet their individual needs. Staff were supported to deliver effective care as they received on-going training and regular management supervision.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

People received the support they needed to maintain good health and well-being. Staff cooperated effectively with health and social care professionals to identify and meet people's needs.

Is the service caring?

Good

The service was caring.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere at the service. People told us they were well cared for.

People were involved in planning their care and support.

Is the service responsive?

Good

The service was responsive.

Personalised care plans were in place to meet the needs of individuals. People told us staff provided them with care and support that met their needs.

People had access to a range of meaningful activities. People were supported to pursue hobbies and activities they enjoyed.

People were encouraged to give their views and raise concerns or complaints. People's feedback was valued and people felt that when they raised issues, these were dealt with in an open and honest way.

Is the service well-led?

Good

The service was well-led.

There was an open and caring culture throughout the home. Staff understood the provider's values and put them into practice while delivering care to people.

The registered manager was praised both by people and staff. Staff told us they were able to approach the registered manager to raise their concerns and felt they were provided with good leadership.

The provider had effective systems in place to regularly assess and monitor the quality of service provided to people. On-going audits were used to improve the support people received.

Primrose House

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 the 13 October 2016 and was unannounced. The inspection was conducted by one inspector.

The provider had 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. During the inspection, we checked if the information provided in the PIR was accurate.

We reviewed the information we held about the service. Providers are required to notify us about events and incidents that occur, including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us.

During the inspection we spoke with four people who were using the service. We also talked to three family members. We spoke with the registered manager and three members of staff. We reviewed care plans for four people, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe with the staff who supported them. One person said, "I do like it here and I feel safe here." Another person told us, "I feel happy and safe here. I know all of the staff working here." One person's relative remarked, "It is a very safe place for her."

People were protected from the risk of harm because care workers knew how to recognise signs of potential abuse and how to report their concerns appropriately. A member of staff told us, "The first type of abuse is neglect. It happens when people are not looked after. There is also a financial type of abuse, an emotional type, a physical type of abuse and sexual abuse."

Staff knew how to escalate concerns about people's safety to the provider and other external bodies and organisations. A member of staff told us, "If I had any kind of concerns, I would report them to my manager. If they would not take my concerns seriously enough, I would report the concerns to the local authorities or to the CQC (Care Quality Commission)." Training records showed that staff had undertaken or were booked for training in safeguarding people against abuse. All the staff we spoke with were aware of safeguarding adults and whistle-blowing procedures and felt confident to use these. The service provided all new staff with the safeguarding policy in their staff handbook.

People had been individually assessed before they began using the service so that the provider was able to determine whether their needs could be met by the service. Risk management plans were put in place to protect people from harm and maintain their safety. For example, one person who suffered from epilepsy had relevant risk assessments and management plans in place to guide staff on how the person should be cared for. Identified areas of risk depended on the individual and included areas such as the risk of falling or choking, risks involved in swimming, accessing the local community, and use of public transport.

A thorough recruitment policy and procedure were in place. We looked at the recruitment records for staff and saw that they had been recruited safely. Records contained application forms (including employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

We saw that medicines were stored in a designated locked cupboard. They came in blister packs and were clearly labelled and stored separately to ensure people received their correct medication. We saw records and staff told us that all staff had received accredited training in the safe management of medicines. We examined the Medication Administration Record (MAR) and saw that there were no gaps in the recordings.

Some people had been prescribed medicines to be administered on an 'as required' or occasional basis (PRN).Staff explained to us instances when they would give people PRN medicines. We saw that guidance was provided within Medicines Administration Records (MAR) on how PRN medicines should be administered, should they require it. The provider maintained records of when these medicines were

administered and the reasons for their administration. This ensured people's behaviours were not controlled by excessive or inappropriate use of medicines.

People were protected from the spread of an infection. Staff ensured the kitchen remained clean and free from potential cross infection. They adhered to food safety standards and ensured the food was prepared safely. They wore appropriate protective clothing, food was kept at appropriate temperatures and other staff had limited access to the kitchen.

Staff followed the colour coding system for their cleaning equipment. Colour coding is the process of designating colours to cleaning equipment in certain areas of a venue, reducing the spread of germs across areas and increasing hygiene throughout a service. As a result, the spread of a potential infection was reduced because, for example, toilet cleaning equipment was not used for cleaning bedrooms and communal areas. Staff wore protective plastic gloves and aprons when delivering personal care so as to reduce the risks of cross contamination. We observed that staff washed their hands and used hand cleansing products before performing various tasks.

Regular checks and tests, such as weekly fire alarm tests and external checks of firefighting equipment, were completed to promote and maintain safety in the home. All electrical portable appliances had been tested within timescales. As a result, people were protected from potential risks caused by faulty equipment.

The service took appropriate action to reduce potential risks relating to Legionella disease. When staff reported any maintenance requirements and issues, these were resolved in a timely manner.

There were robust contingency plans in place in case of an untoward event. The contingency plan assessed the risk of such events as fire or bad weather conditions and how the service would continue in the event of these occurring.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the relevant skills, competencies and knowledge. People who use the service said that staff were well-trained and knew their needs. One person told us, "Staff are very friendly and knowledgeable." A person's relative remarked, "Staff are well trained. They seem to know characters and needs of all the residents".

We looked at the training records which showed staff had completed a range of training courses which included: moving and handling, first aid, safeguarding adults, the Mental Capacity Act, and infection control. The training records showed that staff's training was up-to-date. If needs for updates arose, they were identified immediately. The registered manager said training was booked in advance to ensure staff's practice remained up-to-date.

New staff were required to undertake a two-week induction process comprising a mix of training, shadowing and observing more experienced staff. The registered manager told us that the induction not only prepared new staff for their roles, but also allowed the organisation to get to know new staff members and identify what role in the service they would best "fit into". The induction process had recently been updated to include the new Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff told us the training covered all areas of the role and was relevant.

Staff told us they felt well supported by their line manager and received supervision and annual appraisals. This gave them an opportunity to discuss any changes in people's needs and exchange ideas and suggestions on how to support people best. A member of staff told us, "Supervision is very important to me. What we see, what we observe, we feedback in the supervision. It is important that we have got opportunity to raise questions. Also, we can compare our progress by referring to appraisals."

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. We checked whether the service was working within the principles of the MCA. Mental capacity assessments and best interest meetings had taken place and were recorded as required. These had included external healthcare representatives and family members to help ensure the person's views were represented. For example, we saw evidence of a best interest meeting for a person who needed to undergo a surgery. Staff recognised their responsibility in ensuring people's human rights were protected.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, there were no applications in place to deprive people of their liberty. Staff members described why and how people could be deprived of their liberty and what could be considered as a lawful and unlawful restraint.

Throughout our inspection we saw that people who use the service were supported to express their views and make decisions about their care and support. People were asked to make their own choices and staff respected these. Staff members understood the individual ways in which people indicated their consent to any support offered as some people could not communicate verbally. For example, people were asked for their opinion with the use of pictures or Makaton language. Makaton is a language programme using signs and symbols to help people to communicate. We saw people were asked for their consent before any care interventions took place and each time people were given time to consider options.

People's nutritional needs were assessed and monitored. The care plans included information about people's preferences relating to food and any risks associated with eating and drinking. For example, one person was at risk of choking. Their care plan explained clearly how the person should be supported. This included monitoring the person's activities whilst in the kitchen or at mealtimes. During the inspection we observed that staff supported the person according to their care plan.

There was evidence of other health professionals' input. We saw that people were supported to attend health appointments with their GP, consultants, dentists and opticians. People who use the service were supported by a community learning disability nurse and speech and language therapists who offered advice and support to staff when necessary. One person needed regular exercises not only as a part of their rehabilitation but also in order to maintain their independence. We saw that the person was supported to do the exercises and it was appropriately recorded.

Good

Is the service caring?

Our findings

People told us that staff were kind, caring and compassionate. They felt that they were listened to and made to feel that they mattered with their individual needs being known and catered for. One person praised staff, "They are good to us. They treat me with respect." Another person said, "I like people who work here. They do care about me." A relative of a person told us, "Staff are always friendly and they will do their best for you."

People were treated with respect and their dignity was preserved at all times. Staff showed kindness and compassion whilst providing people with care and support. We saw that staff took time to talk to people to make them feel supported and comfortable at the service. For example, we observed care staff talk to one person and then give them assistance with a drink and a snack. They talked to the person about their day and about what they had planned for the weekend. The person appeared to be happy to have a friendly chat with staff. There was friendly banter between people who use the service and staff.

Staff promoted people's privacy and we saw they knocked on people's doors to ask for permission before entering their rooms. Staff excused themselves when they needed to leave the room and explained why they had to go and when they would be back. People were addressed by their preferred names. Staff members were aware of the lifestyles people had enjoyed before they moved into the service and had good knowledge about people's relatives, interests and hobbies. This information was used by staff to provide continued support to people which enabled them to maintain their contact with relatives, for example through visits or sharing gifts and cards on special occasions.

Staff were able to tell us about people's likes and dislikes and demonstrated a good understanding of people's routines and preferences. For example, they told us that some people preferred going to pubs, cafes or parties while others preferred to avoid crowded and noisy places. We saw staff were responsive to people's needs and tried to anticipate situations that may cause people anxiety and responded appropriately.

People told us they were involved in the planning of their care and could voice their views on how their care should be delivered. In order to facilitate communication, most information was provided in a format that was easy to read, with symbols and pictures. The format gave people spaces to put their pictures of the things they wanted, for example, pictures of home or hospital, things important to people or movies and music they liked. One person told us, "I have a say about my care. I see my care plans because I have to sign them." People were supported to make choices and decisions about their care. The choices included ways of spending their day, places to go, times to go to bed and to get up.

People's care plans identified the appropriate individual approaches for each person. Staff knew how to comfort people who were in distress and unable to communicate their needs verbally. Staff explained to us how they read any signs of people's anxiety and the best ways to comfort people. They said the methods of reassuring people largely depended on individuals and could include re-direction, distraction or verbal and non-verbal calming down.

People's rooms were personalised and reflected their individual interests and taste. The walls of the communal areas were decorated with photographs of people. People had chosen which pictures were to be displayed.

We saw that records containing people's personal information were kept in the main office which was locked and no unauthorised person had access to the room. People knew where their information was and how to access it with the assistance of staff. Some personal information was stored within a password protected computer.

Good

Is the service responsive?

Our findings

People had assessments of their needs written up before they moved in to the service. People, their families, social workers and other services had been involved in the assessment process. The care plans were reviewed regularly by the registered manager and a formal review was held at least once a year or even more often if necessary.

Staff were provided with clear guidance on how to support people in line with people's wishes and preferences. Staff showed an in-depth knowledge and understanding of people's care and support needs. All the staff members we talked to were able to describe the care needs of each person they provided with support. This included individual ways of communicating with people, people's preferences and routines.

The service had written person-oriented plans which reflected how people wanted to receive their care and support. Staff said they found the care plans useful and gave them enough information and guidance on how to provide the support people wanted and needed. This meant that staff were able to offer very individualised care. Staff members spoke confidently about the individual needs of people who use the service. The records showed people who use the service received the support they needed.

Relatives confirmed that people were involved in the planning of people's care when appropriate to ensure it was tailored to a person's needs. One relative told us, "The manager talks to me about the things [person] could do. We discuss things together."

Some people had very specific health needs. These were monitored and reviewed regularly to help ensure any changes were identified. Care documentation contained links to further information about particular conditions. This demonstrated the service worked continually to develop the care provided in order to meet people's needs as best as possible.

People had access to a wide range of pursuits which were meaningful to people and reflected their individual interests. Activities were important to people because they improved the quality of their lives and reduced the likelihood of any social isolation. On the day of the inspection some people were attending college. One person told us, "I love going out to the day centre. I go there quite often. I also like going to pubs and the pottery college in Camberley." Another person told us, "I enjoy doing my IT course. I got my own laptop and I want to learn some IT." Other activities included swimming, bowling, visiting the local pubs, going to church and other social events. The mix of in-house activities and external activities as well as having visitors meant that people were indeed protected from social isolation.

People were encouraged to maintain relationships with their families, which was confirmed by people and reflected in people's care plans. For example, the goal of maintaining a relationship with their family was emphasised in a person's care plan. With consent of people who use the service, families received photographs from holidays and day trips. A person's relative told us, "They keep me updated about any events or appointments. We have a very good contact with [person] and the service."

People's needs were met promptly because staff members communicated well with one another, both informally and at handover meetings between shifts. Staff confirmed that team communication was good and support was available from the management team.

People were able to express their opinions on matters important to them, such as activities, food menu or holidays, at regular house meetings organised on a monthly basis. This demonstrated that people were encouraged to share their opinion on the service and were listened to.

There was a satisfactory complaints procedure in place which gave details of relevant contacts and outlined the time scale within which people should have their complaints responded to. Staff told us they knew people well and were able to tell from their behaviour if they were unhappy and might want to make a complaint. People told us they had no reason to complain, however, they were aware of the complaint procedure. One person said, "I can complain to staff if I do not like something. They will sort it out for me." Another person told us, "If staff do not listen I go to [the registered manager] and she sorts out everything straightaway for me." One member of staff said they would always pass on any complaints to the registered manager. Relatives admitted they had not needed to complain so far but would not hesitate to do so if necessary. A person's relative pointed out, "If I had to complain, I would feel comfortable. However, it has always been exceptional when I go there." Relatives told us the registered manager was approachable and they were confident that any concerns reported would be acted on.

Good

Is the service well-led?

Our findings

At our previous comprehensive inspection in September 2015 we had identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.People's records had not been maintained accurately or completely. Systems and processes had not enabled the provider to assess, monitor and improve the quality of care provided for people.

At this inspection in October 2016 we found the provider had taken action to make the required improvements. We observed improvements to the clarity of recording people's care needs. A robust system was in place for the auditing of the systems within the service. A range of audits had been introduced which had been designed to monitor the quality of the service and to identify areas in which changes were required. The system included house audits, record keeping audits, fire safety audits and medication audits. As a result of the audits, record keeping had significantly improved all staff members were aware of what information they need to include in the daily records.

Annual satisfaction surveys were circulated to people, families and other professionals involved in delivering care to people. The questionnaire designed for people was easy-to-read and pictorial to assist understanding, and if necessary, staff or people's relatives helped people to fill it in. We saw some of the responses from the survey and the results of that survey showed that people were satisfied with the quality of the care provided. Families were contacted at least once a month to update them on their family member's well-being. Relatives told us they were kept informed of any appointments or changes in people's needs.

There was a registered manager in post who was supported by a deputy manager and a number of care staff. People, their relatives and staff told us that the management team was approachable. One person said, "The managers are very good. When I moved in, I wanted to be with them all the time." A member of staff told us, "The management is quite good. Everyone is very open here." A person's relative commented on the registered manager's approach, "We can go anytime to the manager and she will talk to us, she will listen to us."

The registered manager understood their legal responsibilities as a registered person. They ensured that the local authority's safeguarding team and the CQC were notified of incidents that had to be reported and maintained records of these for monitoring purposes. The provider had completed a Provider Information Return (PIR) and sent it to us. We saw that the information provided in the return was similar to what we heard and observed during the inspection.

Due to the size of the service, the registered manager also carried out the same work as care staff. It enabled the registered manager to observe the operating of the service in detail. Staff were able to contribute to developing the care and support provided to people through this daily interaction, and within formal feedback given to the registered manager.

Monthly staff meetings were focused on satisfying the needs of people. Copies of staff meeting notes

demonstrated that care and attention was paid to ensure people who lived at the home were safe and well-supported. Staff told us they contributed to the team meeting agenda. A member of staff told us, "I find our team meetings very useful. Sometimes it's just impossible to see all the members of staff in such a small service. When we meet at team meetings, we give ourselves feedback of what works and what needs to be changed."

The service liaised with health and social care professionals to achieve the best possible care for the people they supported. People's needs were accurately reflected in the detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.

Accidents and incidents at the service were recorded and monitored. The registered manager reviewed these to detect any trends, patterns or possible causes of the incidents. This meant the provider had a system in place that identified risks to people who use the service.

Policies and procedures were detailed and gave adequate information to staff, people who use the service and their relatives, and were fit for purpose. We saw that they had been reviewed and that a system was in place for ensuring staff had read and understood them.