

Parkcare Homes (No.2) Limited

Primrose Villa

Inspection report

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Date of inspection visit:
14 August 2019

Date of publication:
18 September 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Primrose Villa is a care home in a large Victorian house set over three floors. Communal areas include a living/dining area and separate lounge, a kitchen area and enclosed garden. All bedrooms are located on the first and second floors, including a staff sleep-in room.

The service provides personal care and accommodation for up to seven people who have learning disabilities and additional needs. Seven people were receiving support at the time of our inspection.

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

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

People liked living at Primrose Villa. Staff provided kind and caring support and treated people with dignity and respect.

People were safe and protected from avoidable harm. Risks were monitored and addressed, and the environment met people's needs. We made a recommendation about reviewing the information kept by the service.

People were supported by enough staff. Staff were safely recruited and well supported. Staff usually received training, supervision and appraisals. Some staff had not had supervision as frequently as the provider required, but a plan was in place to address this.

People's medicines were administered and managed safely by staff. Staff received training and the provider regularly checked staff's competency in the management of medicines.

People accessed routine and specialist healthcare services as required and were supported to eat and drink enough to remain healthy. Staff understood how to meet people's specific dietary needs, such as diabetes.

People received individualised support and were treated with dignity and respect. Care plans were personalised and helped identify what was important to people. People were involved in decision making and reviewing their support needs where possible.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support usually focused on them having opportunities to gain new skills and become more independent.

People were supported to maintain social relationships and participate in a range of activities. A plan was in place to develop activities further.

Staff felt supported by the management team and governance systems were in place to ensure high quality care was provided. Audits were carried out regularly to review quality and performance. Action plans enabled the provider to monitor changes and improve care for people.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the management team during this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Rating at last inspection

The last rating for this service was good (report published 04 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Primrose Villa

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection and used this to plan our inspection.

During the inspection

During the inspection five people who lived at the service chose to speak to us as a group. We spoke with one other person individually. We spoke with three members of staff, as well as the deputy manager and quality improvement lead.

We reviewed a range of records. This included four people's care records and everyone's medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. This included policies and procedures, quality assurance and health and safety documents.

After the inspection

After the inspection, we spoke with three relatives to find out more about their experience of the care provided at Primrose Villa. We continued to seek clarification from the provider to validate evidence found. The registered manager provided additional records, such as a staff supervision log and health and safety information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. This was because two people reported an allegation about a member of staff during the last inspection. Action was taken at the time to ensure people were safe. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff said they would report any concerns they had. One staff member told us, "We get told all about the signs of abuse. We would watch out for any signs, like someone being more withdrawn. We would tell the manager, or do whatever we needed."
- Most staff had received safeguarding training and others were booked to attend face to face sessions. A current policy provided staff with guidance and information.

Assessing risk, safety monitoring and management

- Risks to people were assessed and regularly reviewed. This included regular checks of fire, water safety and maintenance issues to ensure the premises and equipment were safe for people.
- Information available about risks and safety was not always clear or up to date. For example, copies of out of date policies and current policies were kept, and one person's record contained multiple versions of the same document. There was evidence that people were protected from abuse and avoidable harm, and we did not see a direct impact on people's care.

We recommend the provider reviews and updates the records it holds on site to meet information governance standards.

- Plans were in place to support people in emergency situations. These included up to date individual personal emergency evacuation plans (PEEPs) and a business continuity plan.

Staffing and recruitment

- Staffing levels were monitored and were flexible to ensure people received the support they required.
- Staff had time to spend with people and care for people safely. One staff member told us, "[People] love sitting around the table chatting with us," and another added, "We have a delegation sheet, that makes sure we always do what needs to be done."
- The provider's recruitment processes minimised the risk of unsuitable staff being employed. Staff files had pre-employment and other checks in place. These confirmed staff were suitable to work with vulnerable people. Checks were repeated regularly to ensure any changes were monitored.

Using medicines safely

- Medicines were managed safely. Medicine administration records were checked at the end of each shift to

ensure gaps or errors were identified. We found two recent gaps in one person's record. We highlighted this to staff who addressed the issue immediately.

- Staff received training and their skills were regularly assessed to ensure they were competent to give people medicines. Medicines training with an external company was being arranged.
- Medicines were securely stored. The provider had systems and protocols to ensure people received their medicines when they should, and to support the safe receipt and disposal of medicines.
- Audits were carried out to monitor safety and ensure risks were managed.

Preventing and controlling infection

- The service was clean and tidy, and staff were knowledgeable about the principles of infection control.
- Cleaning schedules and regular checks were in place to ensure standards were maintained and infection control risks were monitored. An infection control audit had recently been carried out.

Learning lessons when things go wrong

- There had not been any recent accidents or incidents at the service, but systems and processes were in place to record and review accidents in order to keep people safe.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed before they moved into the service to ensure appropriate support could be provided. This included their physical, mental health and social needs.
- Short, medium and long term goals were identified with the person and these were usually regularly reviewed.
- People usually signed their care records to indicate their involvement and agreement. We highlighted to the management team that some care files contained multiple versions of forms and booklets. This could be confusing for staff and limit the delivery of effective support. The management team planned to review all care records.

Staff support: induction, training, skills and experience

- New staff received a clear and effective induction process when they started in post. One member of staff told us, "It's a good induction. I was apprehensive when I started here, but it was really good. There's induction and shadowing, everyone's really approachable."
- Staff received regular training to ensure they had the knowledge and skills needed to provide effective support. Training was a mixture of face to face and computer-based courses. Staff were positive about the training. One staff member said, "The training's good – we get training in everything we need."
- Staff told us they received regular supervision, and all felt supported in their work. Some staff had not recently received supervision at the frequency required by the provider, however this was being addressed and staff told us they could speak with the management team at any time. One staff member said, "I get supervision regularly, but [managers] are really approachable and support us any time."

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

- People's eating and drinking preferences and support needs were monitored. Staff were aware of people's specific dietary needs, such as diabetes. One staff member told us that there had been issues recently with portion sizes for people with diabetes, but explained this was to be discussed in a team meeting in the next few days.
- People chose what they wanted to eat each day. One staff member said, "People choose what they eat, but sometimes we have to help with suggestions."
- People spoke positively about meals provided by the service. Comments included, "It's nice," "Not too bad," and, "I like when we have pub meals."

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

- The service worked with other agencies and professionals to ensure people received effective care. This included regular access to GP, dentist, optician and chiropodist. Records contained the details of advice given and actions required. An audit of people's physical health needs had recently been carried out.
- One person hoped to move to live independently in the future. This was documented in their care record and there was evidence that other agencies had been working with staff to support the person.
- Where people had consented, relevant information was shared with other agencies to ensure they received care which best met their needs. Each person had an individual 'hospital passport' which provided detailed information about their needs and preferences.

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

- The building and equipment met people's needs and preferences. A large communal living area was used by everyone during the day of our inspection.
- Décor and fittings had recently been discussed in house meetings, and bedrooms were decorated as people chose.
- Everyone living at the service had to be able to manage stairs because all bedrooms and bathrooms were upstairs. This was not a problem for people currently living at Primrose Villa.

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

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

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

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

- The registered manager had made appropriate DoLS applications and followed these up with local authorities. Where conditions were in place, these were being met by the service.
- Mental capacity assessments were recorded in people's care files as relevant.
- People had consented to care and support, and everyone was able to make some decisions for themselves. Some people had signed care plans and documents to indicate their consent.
- Staff received training in the principles of the MCA and DoLS, and knew how to apply these in day to day care and support.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy living at Primrose Villa. Comments included, "It's nice," and "We're good friends here."
- The staff we saw were kind and caring towards people. They spent time talking in a friendly and warm way with people, and obviously knew them well.
- One staff member said, "You just have to look at them to see they're happy – we're here for them." Another told us, "The manager calls it 'my home'. That's how the staff feel here, it's a home from home."
- Relatives gave mostly positive feedback. They told us they were happy that their family members lived at the service, and felt that people were supported as necessary and treated with dignity and respect. Comments included, "[Name] needs to live somewhere, and they are happy there," "I think it's great there, and they're well looked after," and, "The staff know them well."
- People's needs under the Equalities Act 2010 were considered and respected. These were reflected in people's care records. For example, each personal profile gave information about the person's preferences relating to identity, culture and faith, and support plans considered people's sexuality and gender needs.

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

- The provider regularly requested feedback from people. This was through regular surveys, house meetings and ongoing discussions with staff.
- Plans and achievements were reviewed by the person and a named staff member on a monthly basis. This information was in an easy to read format. We highlighted to the management team that meetings had not taken place with some people recently. A plan was in place to review this.
- Relatives told us they were involved in people's care and kept up to date when there were changes. One relative said, "They always keep me up to date," and other relatives described times the service had contacted them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff had friendly but professional relationships with people. Staff told us, "We all get on. We're just like a big, happy family," and, "Everyone's an individual, we all get to know each other."
- People were supported with independent living skills in some areas. We highlighted to the management team that some people may benefit from support to further develop or maintain their daily living skills.

- One relative told us they would like their family member to be able to have a private conversation when using the office telephone at the service. They told us they had raised this issue with staff, but had only been partially satisfied with the response they received.
- Staff gave us examples of how they worked with people and observed their preferences in order to provide care in a respectful way. One relative said, "They do it how people want, their care, their medication and everything. They even spend time doing hair the way people want it." However, another relative added, "I would like staff to support [Name] to wear better clothes. Lots of their clothes seem too big – the trousers are always falling down."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which was based on their needs and preferences. Care plans were individual and identified what was important to people and what they wanted to achieve.
- Care plans had recently been reviewed and information was up to date. Care plans included information about personal care needs, contact with family and friends, communication, health needs and safety issues.
- Staff knew people well. Regular handovers ensured staff were up to date and able to best meet people's current support needs.
- Care plans gave staff guidance about how to meet people's needs and preferences. For example, "[Name] requires prompting to have a shower. Support [Name] to wash their hair and back. [Name] will independently get dressed, but requires prompting to brush their teeth regularly."

Meeting people's communication needs

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

- Staff had a good understanding of people's information and communication needs. Care records contained individualised plans and communication passports. These showed the service considered people's needs and provided information in ways that people understood.
- One care plan stated, "[Name] has no problem with communication, but when speaking with [Name], staff will need to speak slowly and use simple language."
- The service shared individual's communication needs with other professionals when necessary with consent.

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

- People were supported to access activities which reflected their hobbies and interests. These included outings and trips, attendance at day centres and clubs.
- People told us they could choose what they wanted to do and gave us examples of the activities they engaged in. People had been asked in a resident's meeting if they enjoyed the activities currently available.

Everyone said they were happy with these, and did not have further suggestions about new activities they would like to try.

- Relatives and staff told us that they felt people would benefit from a wider range of activities and community involvement. One relative said, "I think they used to do more activities," although another relative told us, "They have lots of fun; there's lots for them to do." Comments from staff included, "There's quite a lot of sitting around," and, "There could be more daytime activities, more things in the community." We highlighted this to the management team, who already had a plan in place to develop activities further.
- People communicated effectively with each other and had developed friendships which reduced the risk of social isolation.
- People were supported to develop and maintain relationships with family and friends. Staff regularly escorted people to visit family members.

Improving care quality in response to complaints or concerns

- Effective systems were in place to investigate and respond to complaints. Information was available in an easy to read format.
- At each house meeting, people were asked if they knew how to make a complaint. Some people were able to give detailed responses, and most people were clear that they would raise any concerns with a member of staff.
- Relatives told us that they know how to raise concerns or make a more formal complaint if necessary. Some relatives told us that they had shared concerns with the registered manager in the past, and felt these had been adequately resolved at the time.
- The service had not received any complaints in the previous 12 months.

End of life care and support

- No-one at the service was receiving end of life care at the time of our inspection. If a person needed such care, the provider told us they would seek specialist support on an individual basis.
- Some people had a form entitled 'When I Become Very Sick or Might Die' in their care record. This ensured staff were aware of information such as individual care preferences, specific instructions about care and treatment and funeral choices. Staff were in the process of completing these forms with everyone who lived at Primrose Villa.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they were happy living at Primrose Villa and with the support staff gave them. One person said, "Staff are nice," and another added, "They help me. I just tell them." We saw examples of staff being person-centred and empowering people during our inspection.
- Staff were positive about working at the service and supporting people as individuals. One staff member said, "The residents are all individuals, we make sure their needs are met." This reflected the values of the organisation.
- People, staff and relatives were complimentary about the management team. A staff member said, "It's really well managed." A relative told us, "The [registered] manager is great, I love them."

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

- The provider understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.

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

- The provider had effective quality assurance processes to monitor and improve standards. Audits were in place and there were regular visits by the organisation's quality improvement lead. An improvement action plan was in place and regularly reviewed to ensure actions were achieved.
- A registered manager was in post and was supported in their role by a deputy manager and a team of senior staff.
- The registered manager was aware of their responsibilities to notify CQC of certain events as required by law.

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

- The views of people and their relatives were requested through surveys, meetings and informal contact.
- Feedback from a recent relative's survey was entirely positive about all aspects of the service.
- Relatives told us they had recently attended a barbeque which had been held at the service and had

enjoyed being able to meet other people and see their family member being relaxed and comfortable in the environment.

- People were asked for their feedback at house meetings. Notes from recent meetings showed that people had discussed issues such as activities, keyworker time, holiday preferences and their bedrooms.
- Regular staff meetings took place and staff told us they were able to raise issues and give feedback at any time. Issues such as health and safety, safeguarding, staffing and training had recently been discussed.

Continuous learning and improving care

- Staff and the management team told us that specialised training was available to ensure people's individual and more complex needs could be met.
- Action plans were developed to address shortfalls found in audits and quality checks. These supported the service to continually improve and provide high-quality, person-centred care.
- Staff and the management team were responsive to our feedback during the inspection.

Working in partnership with others

- The service worked effectively with a range of stakeholders and other professionals to ensure people's needs were met. This included GPs, social workers, advocates and health care staff.
- The registered manager participated in meetings which were set up by the provider to discuss learning, quality assurance and best practice.