Primrose Community Care Homes Ltd

Primrose House

Inspection report

19 Sand Hill Court
Farnborough
Hampshire
GU14 8EP
Tel: 01252 514795

Date of inspection visit: 1 and 2 September 2015
Date of publication: 13/10/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 1 and 2 September 2015 and was unannounced. Primrose House provides residential accommodation and care for up to six people with learning disabilities, including people with autistic spectrum disorder. At the time of our inspection three people were living in the home, as two people were away on holiday.

The home is a two storey building, with a double hand-railed stairway providing access between floors. People had access to an enclosed secure garden.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Record keeping was not always accurate, as information did not always reflect people's daily experience appropriately. Information was not always cross referenced between records to ensure staff were aware

Summary of findings

when people should be monitored to review changes in their health or support needs. There was a risk that trends may not be identified to ensure that any changes required to people's care were addressed promptly. The provider's annual house audit and development plan were not sufficiently robust to monitor the quality of care people experienced, or to identify and drive improvements required.

Risk assessments did not always reflect current staff guidance to manage specific risks that may affect people. However, staff communication ensured that this did not place people at risk of harm, because staff understood the actions required to promote people's safety.

Appropriate recruitment procedures ensured people were supported safely by staff suitable to provide their care, although the provider's recruitment policy did not reflect all the regulatory requirements. We have made a recommendation that the provider reviews their recruitment policy to ensure it documents all the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People were protected from the risk of abuse, because staff understood how to support people when they were in a vulnerable position. Staff were able to recognise signs and indicators of abuse, and understood the requirement and process to report concerns.

Equipment in the home was checked and serviced in accordance with manufacturers' guidance and the provider's procedures. Regular fire drills ensured staff understood and followed fire safety procedures.

Staffing levels were sufficient to ensure people were supported safely. The staff roster provided flexibility to support people to attend planned appointments and meetings.

People were protected from risks associated with medicine administration, because staff were trained and competent in administering their medicines. Records demonstrated that people received their prescribed medicines at the correct time, and medicines were stored and disposed of safely.

Staff had sufficient training to meet people's identified needs effectively. The registered manager and deputy manager worked with staff, and so were able to assess staff competency, and provide additional and refresher training to ensure staff demonstrated the skills required. Staff supervisory and general meetings provided opportunities to discuss issues and aspirational wishes. The registered manager used information from these meetings to direct training or guidance to ensure staff developed and maintained the skills required to support people effectively.

People's decisions were respected by staff. Staff explained the consequences of decisions to people where this could affect their wellbeing, but followed people's wishes and sought their consent to the care provided. Staff supported people in accordance with the Mental Capacity Act 2005, and understood when it was appropriate to follow the process of mental capacity assessment and best interest decision-making.

People were supported to maintain a nutritious and balanced diet. Staff were aware of risks associated with eating, and ensured people were not at risk of harm due to eating habits or types of food offered.

People were supported to attend planned health appointments. Staff understood when people's anxieties meant they may not be compliant with health interventions. They supported people to understand the importance of health reviews and appointments, and proactively supported people to confront their anxieties to promote their health and wellbeing.

People were supported in a caring and kindly manner by staff. Staff took delight and pride in people's achievements, and encouraged their independence and talents. People were involved in discussions about their care, and supported to maintain cultural and spiritual traditions that were important to them. Staff respected people's privacy, and took appropriate steps to maintain their dignity.

Staff identified changes to people's needs and moods, and requested investigation by and guidance from health providers as necessary. Communication between staff ensured people received their planned care in accordance with professionals' instruction.

People were supported to attend a range of activities in the local community, such as college, a day centre and swimming baths. Outings provided opportunities for people to relax together, for example with trips to the

Summary of findings

seaside. People were able to relax at home and entertain themselves with games, music or quiet time alone as they wished. Staff discussed activity options with people to ensure they participated in activities they enjoyed.

People and their relatives were involved in planning and reviewing people's care needs, and records reflected people's individual needs and wishes. Opportunities were provided for formal and informal feedback or complaints through meetings, questionnaires and the provider's complaints procedure. The registered manager reviewed this feedback to inform actions to address any issues raised.

The registered manager was respected and appreciated by staff and relatives, as they guided staff to care for people effectively and led by example. Staff demonstrated the provider's values such as respecting people's rights, and supporting people to achieve life skills and work towards independence.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Although risks had been identified, and were managed safely, risk assessments did not always reflect current staff guidance to protect people from harm.

Staff were of suitable character to support people safely. However, the provider's recruitment policy did not reflect all the regulatory requirements.

People were protected from the risk of abuse, because staff understood and followed the correct procedures to identify, report and address safeguarding concerns. Environmental risks to people were managed safely through a process of checks and servicing.

Staffing levels were sufficient to meet people's needs, and support them to attend planned meetings and appointments.

People were protected against the risks associated with medicines, because appropriate checks and records ensured they received their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

People were supported effectively by staff who were trained and skilled to meet their health and support needs. Staff were supported to develop skills through regular review of their training needs and aspirations.

Staff understood and implemented the principles of the Mental Capacity Act 2005 to ensure people were supported to make informed decisions about their care.

People were supported to maintain a nutritious diet. Staff worked effectively with health professionals to maintain and support people's health and welfare.

Is the service caring?

Good

The service was caring.

Staff supported people with kindness and compassion.

People were supported to maintain cultural and spiritual traditions that were important to them. People's views were listened to, and informed the care they experienced.

Staff understood and respected people's wishes and preferences, and promoted their dignity.

Summary of findings

Is the service responsive?

Good 

The service was responsive.

People's needs and wishes had been assessed, and were reviewed regularly to ensure any changes were identified and supported.

People were supported to engage in activities that were important to them, and their independence was promoted.

People and their representatives had the opportunity to raise and discuss concerns, and the registered manager reviewed feedback to inform changes required.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Records had not always been completed accurately or cross referenced between documents to inform staff of changes to the care and support people required.

Systems in place to review and drive improvements to the quality of people's care were not sufficiently robust to identify or address changes required.

Staff demonstrated the provider's values of respecting individuals and helping people acquire and maintain skills to promote their independence.

The registered manager was respected and appreciated by relatives and staff for their leadership skills.

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 checked 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.

The inspection took place on 1 and 2 September 2015 and was unannounced.

Before the inspection we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. Safeguarding concerns had been identified by the local safeguarding authority relating to the care for one person at Primrose House to support a health condition in June 2015. We considered these concerns during our inspection to review whether other people may be at risk of harm.

A Provider Information Review (PIR) had not been requested for this inspection. A PIR 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 discussed the information that would have been included in this form during our inspection.

During our inspection some people were unable to tell us in detail about their experience of the care they received. We observed the care and support people received throughout our inspection to inform us about people's experiences of the home. We spoke with three people living at Primrose House, and five relatives and other significant representatives of people living in the home to gain their views of people's care. We spoke with the registered manager, who is also the provider, and three care workers, including the deputy manager, during our inspection.

We reviewed three people's care plans, including daily care records and medicines administration records (MARs). We looked at three of the seven staff recruitment files, and records of three care workers' files of supervision and training. We looked at the working staff roster for six weeks from 26 July to 31 August 2015. We reviewed policies, procedures and records relating to the management of the service. We considered how relatives' and staff's comments and quality assurance audits were used to drive improvements in the service.

We last inspected this service on 21 November 2013, when it was managed by the provider under a different registration with the Care Quality Commission (CQC).We did not identify any areas of concern. This was the first inspection of this service under the provider's new registration.

Requires Improvement

Is the service safe?

Our findings

All the relatives and friends we spoke with told us they felt their loved ones were safe at Primrose House. One relative told us "I have no worries about that, I trust them". Another relative stated "That's why I can sleep at night" when talking of staff dedication and care, and told us "She'll tell you if she's not happy". Another relative described their loved one as "Very content and safe".

Although some risks to people's health and wellbeing had been identified, we found that guidance and changes to risks had not always been documented appropriately to ensure staff followed current actions to promote people's safety. For example, actions required to support one person's mobility when outdoors had been reviewed following falls earlier in 2015. However, their risk assessment had not been updated to reflect this change in their support needs. Information had not always been cross referenced between documents to ensure staff were made aware of current or changed risks when supporting people in the community. There was a risk that people may be placed at risk of harm because guidance had not been updated to reflect current risks.

Records had not been maintained to provide a complete and accurate record of each person's care. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although risk assessment records did not always provide sufficient guidance for staff, risks to people's safety were managed safely. This was because communication between staff was effective, and the work force was stable without a requirement for agency staff. This ensured all staff understood risks that affected people's safety, and the actions required in the event of an accident or incident. Staff were able to describe risks specific to each individual, and the actions they followed to protect them from harm. For example, staff were trained to provide effective epilepsy care, and understood the importance of weighing people regularly to identify weight loss. For one person who had experienced weight loss, staff had supported this person through health investigations to understand the underlying cause. They followed the consultant's guidance to identify signs that could indicate the person's health was deteriorating. Although risk assessments were not always informative, staff understood actions to protect people from harm.

The provider's recruitment policy did not reflect all the regulatory requirements, as they did not require evidence of applicants' good conduct in all relevant previous health and social care employment positions. However, we found that this information had been requested and documented in the recruitment files we reviewed. Other recruitment checks, such as proof of applicants' identity, full employment history, investigation of any criminal record, and declaration of fitness to work, had been satisfactorily investigated and documented.

We recommend that the provider reviews their recruitment policy to ensure it documents all the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff told us "We look out for people's safety". They understood indicators of abuse, and told us they would report any concerns to the manager immediately, or to the local safeguarding authority if necessary. During our inspection we discussed the findings of a safeguarding referral raised by the local safeguarding authority. Although the provider had challenged some of the conclusions reached, they had identified improvements required to ensure people were protected from potential harm in the future, for example through reporting people's deteriorating health promptly to their care commissioners, and requesting any assistance required if people's needs changed. The provider had shared concerns regarding this safeguarding incident with staff, to ensure similar issues would not arise in the future.

The provider's safeguarding policy provided staff with guidance on identifying and reporting safeguarding concerns, to ensure people were protected from the risk of abuse. The whistle blowing policy was updated during our inspection to ensure staff knew how to raise concerns outside of the service should they have the need to do so.

Staff were aware of risks associated with people's independence that may make them vulnerable to abuse. People were taught social and life skills, and these were discussed in the home. People were supported appropriately when accessing the internet to ensure they were protected from financial or other abuse. People were supported to learn independent travel skills, for example to go to college on their own. Risks associated with these actions were considered, and actions implemented to protect people from potential harm. One relative explained

Requires Improvement

Is the service safe?

how staff had followed their loved one at a discreet distance when they first used public transport on their own, to ensure they were safe. Appropriate actions ensured people were safeguarded from abuse.

Regular checks and servicing ensured people and others in the home were protected from risks associated with faulty equipment. For example, gas safety measures were checked annually by a qualified external contractor, and water safety was monitored through temperature checks and an annual Legionella test to ensure the water quality was safe. Legionella disease is a bacterial virus that can cause people harm.

Fire safety measures ensured people and others were protected from harm in the event of a fire. The fire alarm was tested weekly and serviced every six months. Staff were trained in the home evacuation procedure, and people were included in fire drills. One person told us they knew they had to "Go outside" when the alarm sounded.

Relatives and friends told us there were sufficient staff available to meet people's needs. Care workers told us staffing levels were sufficient to support people safely. They were willing to work overtime when needed to support people with activities and care in the home. The registered manager explained how a flexible approach to staff requests to swop shifts internally reduced sickness absence, and meant staff were content with their working hours. Agency staff were not required to cover shifts.

The registered manager told us that staff rosters were managed to meet people's identified needs, including their care in the home, and supporting them to attend planned activities and appointments. They understood people's changing needs, for example when people required individual staff support in the community or to provide reassurance during health appointments. We reviewed the working roster for a period of seven weeks. This indicated that sufficient staff were available to meet people's needs. The registered manager and deputy manager worked six days a week, ensuring management cover between them on a daily basis. At times they were included on the staff roster, but they often provided additional cover to provide a flexible work force to support people's needs. There were sufficient staff available to meet people's needs.

Staff ensured people took their prescribed medicines safely. The pharmacy ensured staff were trained and competent to administer medicines, and the registered manager or deputy manager reviewed staff competency to ensure they maintained the skills required. We observed that staff administered people's medicines safely. They checked the medicines administered for each person against their medicine administration records (MARs) to ensure they administered the correct medicine and dose at the current time. Once people had taken their medicines, their MAR was updated appropriately. We did not see any gaps in MARs records, indicating that people received their medicines as prescribed.

Medicines were clearly labelled and kept securely in a locked cabinet. Documentation evidenced that medicines were checked on delivery against people's MARs, and that stock levels were checked and monitored monthly. The disposal record signed by the pharmacist documented medicines that had been spoiled or were not longer required were disposed of safely.

The GP reviewed people's medicines on a six monthly basis. This included a review of PRN medicines and homely remedies. PRN medicines are medicines prescribed to be used as required, for example to manage pain. Homely remedies are medicines that do not require prescription, such as over the counter treatments for minor ailments. Homely remedies may not be suitable to use in conjunction with prescribed medicines, and therefore require review by the GP to ensure people are not placed at harm by their use. The provider ensured that people were protected from risks associated with medicines administration.

Good

Is the service effective?

Our findings

One relative told us staff were "Marvellous" at understanding and supporting their loved one's needs. Staff were able to describe each person's needs and preferences to us. They demonstrated a good understanding of the care and support people required, and how people wanted them to provide this. Staff were confident that they had the training and skills required to support people effectively.

New staff completed a 12 week induction programme that followed Skills for Care Common Induction Standards, a nationally recognised induction programme for social care services. This included in house and on the job training, such as an orientation to the home and people's needs and wishes. Induction training ensured staff understood emergency procedures such as the fire evacuation process. New staff were required to read the provider's policies and procedures, and signed to indicate they had done so. The registered manager or deputy manager reviewed the progress of new staff with them, to ensure they developed and demonstrated the skills required to support people effectively.

The two care workers we spoke with had both completed Level Three Qualifications and Credit Framework (QCF) in social care. This is a nationally recognised qualification for care workers, and provides training and guidance in topics related to social care, such as the Mental Capacity Act (MCA) 2005 and safeguarding adults from abuse. In addition, these care workers also worked at a hospital, and had provided the registered manager with evidence of training covered in their hospital role.

Training at Primrose House included DVDs of topics such as emergency first aid, health and safety and infection control. The registered manager described training DVDs as a "detailed training session", and told us they evaluated learning from these through question and answer checks, and refreshed learning during discussion at staff meetings. In house training sessions, held during staff meetings or as stand alone events, provided training in specific topics, such as epilepsy care, equality and diversity, safeguarding people from abuse, and the MCA 2005. Records of certificates gained by care workers demonstrated that they had completed training such as safeguarding and first aid. Guidance documents, such as managing epileptic seizures and providing eye care, were located in the staff office for reference. The registered manager and deputy manager worked alongside care workers. This provided the opportunity to review staff competency, and informed them when staff required further training or guidance to meet people's needs effectively. Recurrent topics, such as improvements required with record keeping, were discussed at team meetings to inform all staff.

Staff told us they attended regular supervision meetings. Minutes of these meetings demonstrated that they provided the opportunity to discuss concerns, issues and career development. Reviews at subsequent meetings ensured actions had been taken to address any issues identified. One care worker said "I've learned so much since working here". Staff stated that regular meetings provided a forum in which "We can raise issues, and discuss how we can improve. They [the registered manager and deputy manager] listen to us". The registered manager explained that common themes raised during supervision or staff meetings were used to direct staff training. For example, we saw a staff meeting was used to provide guidance on writing daily reports, and activities to promote people's life skills. In addition to planned meetings, staff confirmed they were able to raise and discuss issues informally with management, as they worked together regularly. This ensured that staff developed and maintained the skills required to support people effectively.

We observed staff sought people's consent when offering care or support. They listened to people's responses to ensure they supported them as they wished. Care workers told us "We help people to choose what they like. We encourage healthy options". They explained how they gave people time to consider choices offered. Staff understood that some people may initially refuse to cooperate, and demonstrated actions to encourage them, such as asking again later in the day. When people made decisions that may be unwise, such as selecting clothing that was not suitable for the weather condition, care workers told us they explained to people the consequence of their decisions, but respected the person's final decision.

Documents such as people's plan of care reflected their preferences. This ensured that staff were aware of routines that met people's choices. Where people had refused specific actions, such as a vaccination against influenza,

this was documented in the care plan, and the person's wishes were respected. Staff had training to understand the principles of the MCA 2005, and guidance in this was available for reference in the staff office.

One person had been supported in decision-making by an Independent Mental Capacity Advocate (IMCA). The IMCA service provides independent safeguards for people who lack capacity to make certain decisions. Records demonstrated that an IMCA had assessed this person's mental capacity to make an informed decision regarding medical intervention required to manage a health condition. They represented them, with staff from Primrose House and a consultant, to decide actions in the person's best interest regarding their medical care. Documentation demonstrated that the person's views, as well as alternative options and consideration of the risks involved in going ahead, delaying or cancelling the medical intervention, informed the final decision made on this person's behalf. Staff supported people to make informed decisions about their care and support, and followed the requirements of the MCA 2005 where people lacked the mental capacity to make specific decisions about their care.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are required where a person is deprived of their liberty as a necessity to promote their safety. People were not restricted at Primrose House. They were supported to develop skills to live as independent a life as possible, including travelling alone. None of the people living at Primrose House required DoLS.

People planned their menu with staff. Although healthy options were encouraged, people also selected takeaway meals. Information documented in people's care plans indicated that staff discussed health eating with people, and people understood the importance of balancing meals with fruit and vegetables. Staff were aware of people's food preferences, dislikes and allergies, and any risks, such as choking. We observed one person at risk of choking was reminded to eat their meal slowly. Another person who refused their lunch was offered a range of options until they made their choice. People's weights were monitored to ensure they were not at risk of malnutrition. This demonstrated that people's meal choices and preferences were met, and people were supported to maintain a healthy and nutritious diet.

Relatives told us they were informed of planned health appointments, and any changes people required following these. One relative told us of changes to their loved one's prescribed medicines that had affected their wellbeing. The deputy manager had liaised with the GP to review this person's medicines to ensure they were supported to maintain their health and wellbeing. Some people experienced anxieties caused by visits to health professionals. Staff understood how to support people to attend planned health appointments, and followed guidance in people's health action plans to manage their anxieties. Pictorial guides were used to promote people's understanding of the importance of attending planned health appointments with the GP and hospital.

The GP reviewed people's health annually. People's consent or refusal for specific care, such as vaccinations or blood tests, was documented and respected. A dentist who specialised in providing dental care for people with learning disabilities ensured people's dental needs were treated with compassion and understanding. Other health professionals, such as a chiropractor, physiotherapist and nurse practitioner, provided people with health care as required, and guided staff in appropriate actions to take to promote people's health. One person's health plan included a description and photographs of required exercises to promote their core strength and mobility. A log recorded that these exercises were followed. The registered manager had struggled to access additional health support required to maintain this person's dexterity, despite repeated requests to the appropriate health professional, due to a long waiting list for care. They had recently sought support from the GP to try to access this support.

Hospital passports provided information required to support people in the event of admission to hospital, such as known health conditions and allergies, how to communicate effectively with the person, and how to meet their support needs. Guidance in people's care plans ensured staff understood indicators of poor or deteriorating health, and the actions required to promote people's health and wellbeing. People were supported to maintain their wellbeing through effective health management.

Good

Is the service caring?

Our findings

People told us they were happy living at Primrose House. One person told us "I like living here". We observed people were content and relaxed when interacting with care staff, and sought reassurance from them during the day. This indicated that people felt safe and cared for by staff.

Relatives and friends told us people were content and happy at Primrose House. One relative told us Primrose House was "Perfect" for their loved one, and described them as "So happy". Whenever this individual visited family their first question was "When am I going back [to Primrose House]?" This demonstrated their desire to return home following their visit to see their family.

Staff spoke of people with kindness and compassion. They took delight in each person's individuality. They laughed and joked with people, and evidenced the care they felt for people when describing the support they needed. They were proud of the independence people had achieved, and the talents they displayed in their activities.

People were encouraged to develop friendships in the home. Staff spoke of people away on holiday with those still at Primrose House, to ensure people were informed of others' location. One person enthusiastically greeted others returning from daily activities. A relative told us their loved one always spoke positively about the people they lived with, and missed them when visiting with family. This indicated that people enjoyed the friendship of those they lived with.

Staff told us how they supported people to maintain family connections, and we observed they chatted with people about their families, reminding them of planned visits or calls and looking at family photographs with them. People were encouraged to value family connections. People's milestone birthdays were celebrated with friends and family, and bi annual parties were held to encourage people, their families and others important to them to socialise in and around the home.

Staff understood people's preferences, such as favourite television shows, preferred music types and bands, and activities, such as colouring pictures or building with mini bricks. They knew people who wanted to be involved in activities and enjoyed car journeys. People were offered a ride in the car when others were taken to their planned activities or to collect ordered goods for the home, and they welcomed this opportunity.

People and staff discussed options for activities, and staff ensured people were involved in discussions about the home. We observed staff and people sat together and chatted throughout the day. Staff understood people's methods of communication, and used pictorial references or Makaton as appropriate. Makaton is a language programme that uses signs and symbols to help people to communicate. This ensured that people were involved in decision-making in the home, and that their wishes were understood and met.

During our inspection two people's rooms were being redecorated while they were away on holiday. The registered manager explained how they had selected the colours they wanted before they went away. The work was done at this time to reduce disruption in the home. People's rooms reflected their interests and preferences in the colours used and decorations displayed, such as family photographs or sporting teams. This indicated that people's wishes were expressed and met.

Information in the home was displayed in a format appropriate to the needs of the people living there. For example, pictorial activity charts, simply-worded copies of the complaints policy, and a pictorial fire escape plan, ensured that people were able to access important information.

People's cultural and spiritual wishes were understood and respected. For example, one person asked staff to say grace with them before they ate, and people were supported to attend religious services as they wished. One person required their hair to be cared for in accordance with their cultural traditions, and staff followed guidance that ensured this was respected.

The provider's 'Charter of Rights' documented people's rights to be consulted about their care and support, and noted that staff would respect their views, and protect them from discrimination and abuse. Relatives and friends told us staff respected people's privacy, and treated them respectfully. One relative explained how staff took care to promote their loved one's dignity, and treated the person with respect when they acted in way that may impact on their dignity. We observed staff respected people's privacy

Good

Is the service caring?

when they sought time alone in their rooms. They knocked on people's doors and waited to be invited in if the person was due personal care. Staff understood and respected people's need for privacy.

Good

Is the service responsive?

Our findings

Relatives told us they were always invited to people's care reviews, and were able to visit their loved ones at any time. They told us that, where required, their loved ones had been effectively supported to manage behavioural issues that could affect their wellbeing, and affected their ability to access the local community. One relative said "They do their best for people's health".

Staff informed us that they were kept up to date on changes to people's support needs through effective handovers. Because the work force was small and managers worked on a daily basis with care workers, staff were updated promptly. A daily diary was used to record planned appointments, activities and equipment servicing, and prompted staff to complete regular actions, such as people's monthly weight records. Staff were reminded to read updated policies and procedures, and signed documents to indicate when they had done so.

The registered manager was able to demonstrate how changes to people's health or wellbeing had been identified, and appropriate actions taken to ensure people were not at risk of ill health. For example, for one person, monthly weight checks and monitoring of their daily diet indicated that their documented weight loss was not caused by a change to their nutritional intake. The GP undertook a medical investigation that identified an underlying health issue, and appropriate measures were taken to respond to this. This demonstrated that staff were responsive to changes in people's health and wellbeing.

A 'personal planning book' had been completed by or with each person. This included their life history, individuals important in their lives such as family and friends, and topics of importance, such as their religion, support needs and communication methods. It included the person's preferences, likes and dislikes, and their hopes and dreams for the future. The plan was written in a format appropriate for each person, for example using pictures and short sentences, or including statements written by the individual. It noted how the person wished to be supported by staff, and how staff should provide reassurance to calm their anxieties, for example describing how they required one to one support in the community to protect the person or others from harm. Where people were required to undertake tasks they did not want to, such as cleaning their rooms or eating a balanced and healthy diet, the information documented how the person understood the importance of these actions, and agreed to undertake them despite their reluctance to do so.

Staff prompted people to assist with daily life skills, such as meal preparation and laundry. We observed staff understood the actions required to manage people's anxieties and promote their engagement in discussions. They negotiated and guided people to make informed and safe decisions, and listened to people's views to ensure their wishes were met. A weather chart was updated throughout the day to help people to select appropriate clothing when attending activities outside of the home. One person was supported by an advocate to help them to voice their views as required.

Staff told us they read people's care plans regularly to ensure they understood people's needs and wishes. Care plans were reviewed on a three or four monthly basis, and updated as required. Guidance was provided for staff to ensure people's known anxieties and behaviours were managed consistently to promote people's wellbeing.

The registered manager explained how an assessment of people's needs ensured staff were able to support people in the home effectively. New admissions to the home were managed through a planned transition process. People were invited to join in with planned outings and activities, and invited to stay overnight. This provided the opportunity to review how they interacted with others living in the home, and to consider their care and support needs. This ensured that placements were only offered to people whose needs could be met effectively at Primrose House.

People were involved in discussing and agreeing their plan of care. They had signed documents or otherwise indicated their consent to the content. People were encouraged to develop life skills and independence, and were involved in decision-making, such as deciding holiday destinations or college courses. Staff praised people's achievements, and built people's self confidence to develop and maintain skills through encouragement and prompting.

One person told us about the activities they had attended on their return to Primrose House, saying "I went bowling, and had sausage and mash". They appeared contented,

Good

Is the service responsive?

and told us "I like it here". Another person was assisting staff with meal preparation. Staff directed them while they washed and dried utensils. They appeared pleased to assist, and staff thanked them for their help.

One relative explained how their loved one's independence was promoted through travel training: "They know how to guide her to do things". People were supported to attend and participate in a range of activities, both in the home and local community. During the week people went to college or a day centre, completing courses and exercise programmes. They went shopping with staff or families, and ate out at the weekend, or went to the pub or disco for relaxation. During college breaks, people were offered outings, for example to the seaside or local amenities. For those unable to travel independently, transport was arranged to ensure they did not miss planned activities.

Staff knew people's preferences for activities in the home, and ensured music they enjoyed played on the radio, or that people could watch television programmes they particularly enjoyed. A range of colouring books and games provided entertainment, and staff participated with people in these to keep them occupied. Staff understood people's preferences for busy or quiet days, and ensured planned activities met people's wishes. Meetings held between people and staff every two months provided opportunities for people to discuss topics together, such as changes they wanted to make to menu or activity plans. Minutes documented that people were satisfied with their planned activities and menu, and had not requested any changes.

None of the people, relatives or friends we spoke with had needed to raise formal complaints, as any issues were discussed informally and promptly resolved. The provider's complaints policy was displayed in the home in a format appropriate for people to understand.

Feedback was sought from people, their relatives and significant others, health and other professionals, such as staff at the day centre and college people attended. The registered manager explained how they reviewed feedback to inform any changes required to people's care and support. The most recent survey, completed in November 2014, indicated that all respondents were satisfied with the level of care provided, and no suggestions for improvements were identified. The questionnaires used were specific for each group, and provided in an appropriate format. For example, the questionnaire for people was in a pictorial and short sentence format, and asked people to rate their satisfaction with the quality and availability of meals, promotion of independence, staff friendliness and helpfulness, activities and outings, and whether their wishes were met. Feedback indicated that people felt safe and well supported.

The questionnaire for relatives and professionals requested feedback on communication, accessibility, safety and the standard of care provided. Relatives' feedback demonstrated that they were satisfied. One relative raised an issue regarding communication, but investigation following this feedback indicated that this was due to misinformation shared between a person and their relative, and was promptly resolved to the relative's satisfaction. Professional feedback from the GP and day centre noted that people always appeared willing to return to Primrose House following activities or appointments, and stated that people told them they were happy in their home. One tutor described the person they taught as "confident and happy", and stated staff were "approachable and helpful".

Requires Improvement

Is the service well-led?

Our findings

Records did not always reflect current information regarding people's support and health needs. Guidance documents for staff were not always dated, and some information had been surpassed by more current guidance, but the original information had not been removed. There was a risk that staff may not follow the most up to date guidance to support people's needs.

Daily records did not always accurately reflect people's moods or activities. During our inspection, one person was unsettled and refused most of their lunch, but this was not documented in their daily records, which described them as settled and contented and eating well. Another person's daily records noted a change in their behaviour, and requested that staff monitor this to address the cause should it continue. However, this was not cross referenced into the daily diary, to ensure all staff were aware of this requirement. The registered manager had identified a need for daily records to be completed in more detail, and to contain sufficient information to inform staff of changes or areas that may be of concern. They had reminded staff at meetings in May and July 2015 of the requirement to document information fully. However, this had not ensured that records were always completed accurately.

Records had not been maintained to provide a complete and accurate record of each person's care. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager completed an annual audit and development plan to review the quality of care people experienced. The development plan was described as a "Continuous loop" that took forward incomplete actions into the new year. However, it did not document that progress or completion of actions was reviewed throughout the year, and so did not provide an impetus to drive the improvements identified. For example, redecoration of the lounge was noted on the development plan for 2014, but was also included on the 2015 plan, as redecoration had not been completed. The development plan noted that the home would be benchmarked against similar providers to assess the quality of care provided to people, but there was no evidence that this action had been completed.

The annual house audit reviewed topics including policies and procedures, record keeping and staffing. It had not identified or addressed the requirement to improve the quality of record keeping, or that outdated guidance provided a potential risk that people may not receive up to date care or support. It was not clear that accidents or incidents were used to identify trends or drive changes required to address any issues identified. Although the January 2015 audit recorded that issues identified from the previous year's audit had been completed, it did not describe what these issues had been, or how they were addressed. There was no evidence to demonstrate that the audit had been reviewed or updated since January 2015. The systems used to monitor the quality of care people experienced were not sufficiently robust to drive the improvements identified or required.

Systems used to assess and monitor the quality of care had not been sufficient to drive improvements in the quality of care people experienced. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained that they were aware of trends and areas of improvement required, because they were involved in people's daily care. They were aware of the progress of actions identified in the development plan, such as redecoration and developing people's life skills. The annual audit demonstrated that communication worked effectively in the home, providing opportunities through meetings and care reviews for people, relatives and staff to feedback on improvements required. An audit of people's medicine administration confirmed that people received their medicines safely, and appropriate procedures were in place should people refuse their prescribed medicines.

One relative told us "The manager is on the ball, and if anything is wrong it's reported [to us] straight away. They go the extra mile, nothing is too much trouble, ever". Another described the registered and deputy managers as "Always pleasant" and willing to go "Beyond the call of duty", taking people out in their own time.

Staff described the registered and deputy managers as open, and told us there was a drive to "Do things better" if improvements required were identified. They described the registered manager and deputy manager as "Helpful, nice people" who listened to their comments and concerns, and said they were able to raise concerns without any concern

Requires Improvement

Is the service well-led?

of recrimination. The registered manager and deputy manager worked as part of the care work force, and demonstrated the values and care they expected all staff to provide for the people they supported.

The provider's mission statement stated people should expect a skilled and committed work force available to provide quality support and promote their dignity, privacy and choices. It documented that people would be supported to exercise their rights and responsibilities, and access a wide range of activities in the local community.

The statement of purpose confirmed that people would be supported to acquire and maintain life skills and independence, with a philosophy of care to fulfil people's rights.

We observed that people were supported in the ways described by the home's mission statement and statement of purpose, as staff understood and displayed the values and qualities required to meet the provider's declared standards of care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People's records were not maintained accurately or completely. Systems and processes did not enable the provider to assess, monitor and improve the quality of care provided for people. Regulation 17 (2)(a)(c)