Extel Limited

# Primrose Hill Farm

## Inspection report

The Farm House, Primrose Hill Farm
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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

About the service:
Primrose Hill Farm is a residential care service providing personal care and support to 39 people who were all aged under 65 at the time of the inspection. The service is provided in seven self-contained houses and is occupied by people living with mental health problems, learning disabilities or autism.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The home had been registered before such guidance was produced. The guidance focusses on values which include choice, promotion of independence and inclusion so that people with learning disabilities and autism using a service, can live as ordinary a life as any citizen. However, it was clear that people living in Primrose Hill Farm were given such choices and their independence and participation within the local community had been, and continued to be, encouraged and enabled. Although the houses that make up Primrose Hill Farm are near to each other on a shared site, every house is self-contained with a separate staff team and day to day management provided by a deputy manager in each house. Activities and participation in every day events is organised independently by people and staff in each house.

People's experience of using this service:
People who use the service continued to be supported in a safe way. Staff were attentive, kind and committed to providing safe care and support. People and relatives told us they were positive about the support people received to keep them safe from abuse, known risks and discrimination, whilst having opportunities to lead a full varied life.

People continued to be encouraged and supported to have their physical and mental healthcare needs met. People were encouraged by staff to eat well and maintain good health through everyday activity and participation in activities in the community.

We saw that people were comfortable in the company of staff. We noted that staff were attentive and responsive when people were ill at ease or showing signs of distress.

Staff teams in each of the houses ensured they shared important information about people promptly, and followed up on actions that had been planned by other staff as necessary to provide good continuity of care.

Management oversight of each of the houses and how they supported people was ongoing. People were well supported and the views and opinions of people, staff, relatives, and professionals continued to be sought out and used to help monitor and continue to drive up the quality of the service provided.

Rating at last inspection:

The service was rated Good (report published in June 2016).

Why we inspected:
This was an unannounced scheduled inspection based on the previous rating.

Follow up:
We will continue to monitor the service through the information we receive.

## 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 Hill Farm

**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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector and two 'experts by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this visit both experts area of expertise was as family carers of people with severe learning disabilities or behaviour that is considered to be challenging.

Service and service type:
Primrose Hill Farm is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both were looked at during this inspection.

The service is required to have a registered manager. 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 Act 2008 and associated Regulations about how the service is run. The service had a manager who was registered with the Care Quality Commission. The registered manager was on away on annual leave at the time of the inspection visit; the two assistant managers were present during the inspection visit.

Notice of inspection:
The inspection visit was unannounced.

What we did:
Before the inspection:

We reviewed information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually, the Provider Information Return. This gave us some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. We checked for feedback from local authorities and commissioning bodies.

During inspection:
We looked at the information we had gathered, we spoke to nine people using the service, two assistant managers, eight members of staff and one visiting healthcare professional. We looked at some records including: three people's care records; records of accidents, incidents and complaints, as well as audits and quality assurance reports.

After the inspection:
We spoke with two relatives on the telephone about their views of the service. We also spoke with the registered manager after their return from annual leave who provided some additional information.

Good

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they felt safe at the service.
- Staff demonstrated a clear understanding of how to recognise the signs of potential abuse and knew how to protect people from harm. They told us about the safeguarding processes they would follow, and who they would need to report any concerns to.
- Staff had received training about safeguarding and supporting people. We saw records that confirmed staff had received training and were provided with refresher/updates regularly.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed at the time of admission and then regularly reviewed and updated when changes occurred. There were clear plans in place to manage and minimise risks.
- A staff member advised that risks were well managed and commented that the high staffing levels helped in managing risks to keep people safe.
- Staff in the houses were knowledgeable about the people they were supporting and knew about the agreed actions that would be used to manage and reduce risks. Staff had been well trained and knew how people wanted to be supported at all times.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. We saw that staffing levels were high enough to provide the individual support that some people needed. Some people needed individual support at times from two staff, and we saw that this level of support was provided.
- New care staff received a comprehensive induction and were assigned to work in one of the houses to provide continuity of care for people and to ensure staff knew the people well.
- There were systems in place that ensured the recruitment process was safe and robust. The provider followed the systems and this ensured that only suitable people of good character were employed to work in the service.

Using medicines safely

- People received their medicines on time and in a safe way. We observed that staff followed the provider's guidelines when administering medication.

●Some people were given their medicines in the office, and other people were given them in their bedrooms, as needed or required.
●There were agreed protocols in place for medicines that were prescribed 'as needed'. Approval was needed from senior staff on such occasions to ensure people only received such medicines when other ways of supporting the person had been explored. This practice ensured there was a consistent, safe approach to administering medications.
●A professional advised that administration of medication to people was well managed and staff followed agreed ways of administering medication that helped to keep people safe and well.
●Some people were safely supported to become self-managing with their medication. One person told us they had support from staff who reminded them to take some of their regular medication each day.

Preventing and controlling infection
●People were supported by staff to follow good practice in respect of hygiene.
●We saw that the communal areas within the houses were clean and tidy. People were supported by staff to be involved in cleaning and maintaining their own rooms, and some chose to undertake tasks in the communal areas alongside staff.
●Staff received training about infection control at the time of induction and then had regular updates to ensure that best practice was maintained.

Learning lessons when things go wrong
●We were advised that there was an agreed system in place to undertake analysis after any accident or incident to identify if there were any improvements that needed to be made or lessons that needed to be learnt to prevent a reoccurrence.
●The records made by the service were monitored through the provider's own quality assurance systems.

Good

# 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

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 were assessed before admission into the service and the information was then used to inform how the person would be supported. One relative advised that the staff had visited their relative a few times at their previous placement before they had moved into the home. We were told that staff had tried to get useful information about the person's day to day support needs to help the person when they moved in.
- Reviews were held regularly with key workers and with full multi-disciplinary teams. The reviews involved family members, healthcare professionals and social work staff when required.
- There were care planning systems and processes in place. The processes were used to ensure that the agreed care plans were comprehensive and focussed on supporting people whilst affording them as much choice as they could manage.
- People's diverse equality needs were detailed in their care plans. This included information about how any specific support was to be provided to respect culture, gender and religious needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received a broad range of training. Staff who were new to care work received support to undertake training in line with Care Certificate Standards. Other more experienced staff were supported to undertake nationally recognised qualifications.
- Staff spoke positively about the training they received to equip them to deliver good care. One staff member said, "The training is of good quality, it's regular and I like having reminders when a refresher is needed for some training."
- Records detailing training that had been undertaken or was due to be refreshed were up to date and accurately reflected what staff had told us. These were used by senior staff to ensure that training was up to date.
- Many of the care staff had worked at the service for a long time and had a great deal of experience in supporting people, some of whom presented behaviour that was challenging to the service.

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

- We received positive comments from people about the meals they enjoyed. One person said, "Nice food, I do cooking – loads of it." Another person who liked to cook said, "Good food, we have a new menu planner we contribute to. I like that I get supported in the kitchen with knives and taking things out of the oven."
- Staff knew people's specific dietary needs and encouraged people to eat a balanced diet.

●We saw that people were involved in selecting meals they wanted and were also involved in preparing meals, working alongside staff as necessary. There was a weekly meeting when the food plan for the forthcoming week was discussed which was then used to draw up the grocery shopping list. People were involved in some shopping tasks when they wished to be.
●There was a range of food available and people had access to snacks and drinks outside of routine meal times.
●People's cultural requests and preferences were met. When people did not like the food that was planned on the menu, they requested and received an alternative. Breakfasts and light meals were frequently different to the meals that had been planned – meeting people's varying needs.

Staff working with other agencies to provide consistent, effective, timely care
●People were supported by the staff to receive consistent support through good communication with external agencies and professionals. A professional advised that communication was timely when information needed to be shared.
●Plans were agreed with other agencies, when appropriate, to ensure that long term issues or plans were fully considered and followed.
●A professional advised that the service was good at providing consistent care and that staff followed guidance and advice on how to support people when they were distressed or unwell.

Adapting service, design, decoration to meet people's needs
●Each of the houses was self-contained. Everyone had a single bedroom with en-suite facilities, including a shower.
●Most people's bedrooms were personalised and furnished in ways that suited them and reflected their personal interests or hobbies.
●Some people were not at ease with busily decorated surroundings, and the communal areas of some homes reflected the low stimulus that plainly decorated rooms provided. Staff spoke of how they had planned and slowly introduced colour and patterns into the decoration of some rooms to suit the people living in the house.
●Some of the houses were decorated and furnished in a homely style. When redecoration had taken place, people had been consulted about agreeing changes.
●Maintenance tasks were attended to by on-site staff which helped to keep the houses in a good state of repair.

Supporting people to live healthier lives, access healthcare services and support
●People's healthcare needs were known and well supported, with clear records and care plans in place.
●People made full use of community based healthcare services, and when needed they attended healthcare appointments with staff support.
●People said they saw their doctors when they needed to. One person said, "I go to see the doctor, I go by car." Another person who travelled by bus advised, "I go to the health centre down the road on the bus."
●People were well supported to improve their health. One person spoke positively about practical support they were receiving from staff to follow a weight reduction diet they had chosen.
●Each person's healthcare information was regularly reviewed and updated by staff in consultation with healthcare professionals. People were encouraged and supported to attend appointments with healthcare professionals.

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

●The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

●Staff were very clear about upholding people's rights and abilities to make decisions. They were clear about what constituted a failure to support people to exercise their rights and make choices.

●Staff advised how they balanced the need to ensure that a person who was subject to some restrictions was not put at risk by other people who were less restricted.

●People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

●Where people were deprived of their liberty, senior staff had worked with the local authority to seek authorisation for this following agreed conditions as necessary. We saw that the conditions were being complied with.

●Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Restrictions were recorded and reflected in care plan documents.

Good

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We saw that when people showed they were distressed or ill-at-ease, staff were attentive and identified that people needed immediate support to help them deal with situations that arose. The support was provided promptly and people received kind reassurance from staff.
- People were well supported in the service. Staff in each house were consistent and this helped ensure people were able to develop and rely on good working relationships whilst receiving support from staff they knew well.
- People's individual needs and diversity were protected and promoted in each house. Some staff had taken a lead on ensuring that cultural or religious preferences or needs were supported. This was reflected in some of the meals cooked in the home as well as through the support provided. People told us about support they had received to enable them to attend regular places of worship.
- People's equality needs were detailed in their care plans and included information about specific support that was to be provided.

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

- People had regular opportunities to meet with their key workers and other staff to discuss their care and any activities they wanted to do.
- People said they were involved in a routine meeting held weekly in each house when topics like menus for the week were devised.
- People had individual meetings with staff when they discussed their own individual plans for the forthcoming week.

Respecting and promoting people's privacy, dignity and independence

- We saw that people were supported to follow their own interests and, as appropriate, have private time alone. Everyone knocked and sought permission before they entered a bedroom.
- People were well supported by staff to maintain their own privacy and dignity. Each person could lock their bedroom door when they were in their room. Keys were available for all the bedrooms. Aligned to risk assessments, some people had been offered keys to their own room, but had declined to have a key. Some people did lock their bedroom doors and others asked staff to do so when they were not in. Restrictions that were in place for some people about accessing their bedrooms had been agreed. The records showed that such decision making had followed best practice in how the decisions had been made and how often they were reviewed.
- Each house was self-contained and staff and people from other houses within the service had to knock or

ring the doorbell to be invited in. This practice was seen to promote people being independent from other houses on the provider's site. Whilst senior staff had master keys to all houses, we saw that every staff member followed the same routine when going into any house. One staff member commented, "We work in their homes rather than a workplace and I remind everyone of that."

- Some people needed support from two members of staff when they were going out and we saw that this was routinely planned for and delivered. This level of support enabled people to experience a wide range of activities that had been requested and planned.

Good

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had a person-centred care plan which contained details of preferences and interests alongside support needs.
- One person liked to do tasks around the house and said they were supported in this by staff.
- Another person said in respect of care plans and reviews, "Yes, I look at folders with staff, [staff name] is my keyworker."
- People confirmed they could have visitors at any time and valued the regular support they received to go and visit their family at the family home.
- One relative advised, "Staff are really interested in [name's] needs; they have arranged going out to a hairdresser as requested. [Name] does lots of things now."
- Care and support plans were developed for each person and considered the interests, wishes and aspirations of the individual to ensure that they were focussed and individual to the person.
- Care plans contained specific detailed information in some instances about how a person was to be supported in the house or when out in the community.
- People were supported by staff to make use of different methods of communication. Some people made use of written information and other people made use of pictorial communication aids.
- Each person's preferred communication methods were recorded and known by staff and other people in the home. The management of the service advised of plans to further develop communication systems in line with Accessible Information Standards.

Improving care quality in response to complaints or concerns

- People told us when they wanted to, they raised issues directly with staff. Reference was made by a few people to speaking with their keyworkers when they wanted to make a complaint.
- A relative advised that they were comfortable raising issues of concern, and whilst they could not recall being given the complaints procedure, they advised that staff and house managers were approachable and would be contacted if needed.
- The provider had an established complaints procedure and process in place.
- When complaints were received, the provider dealt with them in line with the complaints process and records were maintained of any action taken.
- Senior staff said that the topic of complaints was raised at every house meeting with people to help remind them of who to contact should they have a concern. This was noted in the meeting records.

End of life care and support

●The service was not supporting anyone who was receiving end of life care at the time of our inspection. When required, documentation was available. We were told that care plans and related discussions covered these issues and long term plans would be put in place for people as needed.

Good

# 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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider promoted delivery of person centred care and support to people using the service.
- The provider was clear about wanting to ensure staff were well trained and up-to-date with essential training needed to support people using the service. We saw that work was underway to update many centrally held records to ensure the management retained a good oversight of any staff training and development needs.
- The provider understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong. The provider had a policy in place to guide staff if such incidents occurred.

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

- One relative was very positive about the staff and managers of the house they had contact with. They said, "[Name] is lovely and ideal for the role… The keyworker is great." They went on to advise that challenges were well managed and the staff had helped their relative to make big improvements and become more settled.
- Regular staff meetings were held and staff said that they felt comfortable to raise any issues as they felt listened to by the management teams. One staff member commented, "We can raise anything."
- Staff said they felt well supported in their work by the managers.

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

- The provider had an established annual system in place for seeking out and acting on the views and opinions of people, relatives and relevant stakeholders. In addition, the registered manager had a system to seek and review feedback from the separate houses to ensure they were aware of any emerging issues. Feedback from the individual house reviews were readily available with evidence that issues raised had been acted on or responded to.
- A range of information about care plans and interests were provided and explained to people who were unable to make full use of them in their current format. Whilst there was a range of information available for people in pictorial format, we were advised of the provider's intentions to explore and expand on the range of formats available.

●People who used the service and staff knew about the rating and findings from previous inspections. The rating and a copy of the report was on display in the houses.

Continuous learning and improving care

●There were regular opportunities in each house for people to attend meetings to participate and share views and opinions about the support provided. We were advised that some people chose only to participate in one to one meetings with their named keyworker, rather than join in the house meeting.

●The assistant managers and deputy managers we met advised of their intentions and interest in developing the service further. They were receptive to any comments made during the course of the inspection visit, advising of plans they had to improve the service. Staff demonstrated in-depth knowledge about some of the healthcare conditions experienced by people using the service.

●Staff said the managers were very supportive of them undertaking further training to obtain additional qualifications related to their role.

Working in partnership with others

●The service had good working links with other community resources and organisations to support people's development and meet their needs.

●The provider held regular monthly meetings for registered managers from other homes and services they operated, to share and develop good practice, learning from one another through this network.

●Staff in the home valued the opportunity to work in partnership with other healthcare professionals, and sought advice and support when people needed additional or specific support.