

Primrose Residential Service

Primrose Place

Inspection report

34 Somerset Road
Handsworth
Birmingham
West Midlands
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Tel: 01215540440

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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 Place is a residential care home that was providing personal care to 4 people at the time of the inspection. The service supported people living with sensory impairments and learning disabilities.

People's experience of using this service:

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were enabled to be visible and active members of their local community.

People could be assured that they would receive care in a way that maintained their safety. Staff knew people well and were motivated to provide consistently high-quality person centred care and support. People's needs were considered and met in a holistic manner.

The registered manager and provider were visible role models within the home. They were committed to providing high quality care to people and staff were engaged by the positive person-centred culture within the service.

There was a strong system of governance that was working effectively at monitoring and improving the care that people received.

Rating at last inspection: At our last inspection in January 2016 we rated the service as 'Good'.

Why we inspected: This was a scheduled inspection based on previous rating of 'Good'.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme or if any issues or concerns are identified.

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

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 Place

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 conducted by one inspector.

Service and service type:

This service is a residential care home that provides personal care to adults living with sensory impairments and learning disabilities. People in care homes receive accommodation and personal care. 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 comprehensive inspection was unannounced and was completed over one day on 14 March 2019.

What we did:

We used information we held about the service to plan our inspection. Prior to the inspection the service sends us a Provider Information Return (PIR). This is information we require providers to send to us when we request it to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service such as notifications. A notification is information about events that happen at the service and the registered persons should tell us about by law.

During the inspection we spoke with the registered manager, the provider, two care staff and three people living in the home. We also looked at two people's care records and medication records. We looked at two

staff recruitment files and accident and incident records. We also viewed documents that showed how the service was managed such as audits and training records.

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 could be assured that the provider had systems in place to report and act upon concerns related to people's safety.
- Staff understood how to report concerns and had confidence that these would be acted upon. One member of staff told us "I can always talk to the registered manager and provider. They are very responsive if we ever have any concerns and I also know how to contact the local safeguarding team or CQC. The information is all in the office."

Assessing risk, safety monitoring and management

- People's risks had been assessed and plans introduced that were followed by staff to reduce people's known risks.
- Staff knew people well and provided their care in a way that maintained their safety.

Staffing and recruitment

- There were sufficient numbers of staff to provide people's care in a flexible and personalised manner.
- The staffing levels in the home were adjusted to enable people to pursue their interests and hobbies.
- Staff had been subject to appropriate pre-employment checks prior to working in the home to ensure that they were of a suitable character to work in a care setting.

Using medicines safely

- People could be assured that they would receive their prescribed medicines safely.
- Staff had received training in the safe administration of medicines and had their competency assessed prior to administering medicines independently.
- There was a system of audits in place overseen by the registered manager to ensure that people received their medicines as prescribed.

Preventing and controlling infection

- The home was clean, well maintained and protected people from the risk of infection.
- The service had a five-star food hygiene rating and there was a system in place to ensure that all areas of the home were regularly cleaned to provide a safe and homely environment to people.

Learning lessons when things go wrong

- Accidents and incidents were analysed for trends and action taken to reduce the likelihood of incidents reoccurring.
- Feedback was sought from people, professionals and relatives to support the development of the service.

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

Good: 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, planned and reviewed to ensure they received support that met their changing needs.
- Clear and comprehensive care plans were in place, which detailed people's preferences, including protected characteristics under the Equalities Act 2010 such as; age, culture, religion, sexuality and disability.

Staff support: induction, training, skills and experience

- People could be assured that they received care from staff who had received the training and support they needed to provide skilled and effective care and support.
- There was an ongoing programme of training for staff in areas relevant to their role. Staff were also supported to obtain vocational qualifications in health and social care.
- The provider was committed to providing effective training and support to staff to enable them to provide consistently high-quality care and support.

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

- People were supported to eat and drink enough and to maintain a healthy lifestyle.
- People planned the menus for the home on a weekly basis and were provided with meals of their choice.
- Staff ensured that people were able to eat foods relevant to their culture and spiritual beliefs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were committed to working with the other professionals in people's care to enable people to receive the best possible care and support.
- Staff carried out handover meetings to ensure people continued to receive continuity of care between staff shifts.

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

- The home had been adapted to meet the needs of the people receiving care. For example, sensory indicators were used to enable people to move around the home independently and safely.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services in a timely manner when they needed to.
- People had been supported to develop health action plans to focus on specific areas of their lifestyle. One person was being supported to take part in regular exercise and to eat a healthy diet to focus on reducing

their weight.

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 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 lacked capacity to make specific decisions mental capacity assessments had been completed to ensure decisions were made in people's best interests.
- The registered manager had systems in place to ensure referrals had been submitted to the local authority where people were being deprived of their liberty to ensure people were supported in the least restrictive way possible.

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

Good: 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

- Staff treated people in a kind and caring way. Staff had positive interactions with people and knew them well.
- Staff understood how people's cultural and spiritual beliefs influenced their day to day choices.
- People were supported to practice their faith. For example, two people had been supported to arrange a specific service according to their faith to bless their bedrooms.

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

- People were enabled to have maximum choice and control over their care. People were involved in reviews of their care and their preferences were acted upon and used to tailor the support they received.
- One person told us how they had chosen a holiday and had been supported by staff to book this and it was evident that this had actively improved their personal sense of wellbeing.

Respecting and promoting people's privacy, dignity and independence

- People could be assured that they would be treated with dignity and respect.
- Staff ensured that they provided care in a way that maintained people's dignity and were committed to treated people as individuals.
- Staff spoke to people in a respectful manner showing patience and understanding.

Is the service responsive?

Our findings

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

Good: 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

- Care records were individualised and considered people's preferences and wishes. People had their life histories documented and people received care that was tailored to meet their needs.
- People were able to lead the planning of their care to ensure that it was provided according to their preferences.
- People were enabled to pursue their interests and hobbies and were active members of the local community.
- The registered manager understood their obligation in relation to meeting the Accessible Information Standard (AIS). The AIS places a responsibility on the service to identify, record, share and meet the communication needs of people with a disability or a sensory loss. Where people had communication needs, the service had adopted their practices to meet these needs.

Improving care quality in response to complaints or concerns

- Although no complaints had been received; the provider had a procedure in place to enable people to provide feedback about their care.
- Feedback was proactively sought from people through regular meetings and through annual questionnaires and used to develop the service.

End of life care and support

- At the time of our inspection, no one was in receipt of end of life care.
- As part of the ongoing assessment and review process of people's needs their end of life care wishes were considered and when necessary acted upon.
- Staff understood how people's cultural and spiritual beliefs would influence their end of life care wishes.

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

Good: 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider and registered manager were committed to providing high quality care. They were visible and accessible to people, staff and their relatives.
- They had created an open and reflective culture in the home that was focussed upon people, learning and continuous improvement.
- Staff provided consistently positive feedback about their experience of working in the home and the culture and supportive environment that the registered manager and provider had created.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider understood their respective roles and worked together as an effective team.
- There was a strong system of governance that was working effectively to monitor and improve key aspects of the service.
- Feedback from people was actively sought and welcomed. This was used to inform the ongoing development of the home.
- The management team used best practice initiatives to keep up-to-date with changes within the adult social care sector. They attended local provider forums and were part of local provider led groups that shared best practice and disseminated key information about the social care sector.

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

- Staff felt well supported and engaged in their role. They were motivated to provide high quality person centred care and support.
- The provider was committed to enabling people to be active and visible members of the local community. They supported people to take part in local festivals and social events.

Working in partnership with others

- The management team and staff worked with other professionals to ensure people received consistent care and that their health and wellbeing needs were being met.