Mrs C A Nurse

Primrose House

Inspection report

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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 House provides care and accommodation for up to five people with learning disabilities, Asperger's or Autism. On the day of our inspection there were five people living at the service.

People's experience of using the service

People using the service benefitted from caring, dedicated staff. Not all people living at Primrose House were able to verbally express their views, but we observed they looked comfortable and at ease with staff. Their non-verbal body language, facial expressions and laughter indicated they were happy.

People and their families, if appropriate, were placed at the heart of the service and involved in decisions as far as possible.

People's care was provided safely. The staff team were consistent, staff knew people well and people were supported where required and if needed when they were out of the home.

People's medicines were well managed.

People's risks were known and managed well, promoting independence as far as possible. Staff were aware of people's risks and supported people to reduce these as far as possible.

People were protected from discrimination because staff knew how to safeguard people. Staff knowledge of people meant they were alert to signs of change which may indicate someone was not happy.

People lived in a service which had a positive culture and was led by a caring management and staff team.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; independence, choice and control over day to day routines and inclusion and involvement in the local community. People's support focused on them having as many opportunities as possible for them to gain new skills and develop and maintain their independence.

Primrose House has worked in partnership with the local authority, commissioners and learning disability service in the past 12 months to improve the quality of care provided.

Rating at last inspection:

At the last inspection the service was rated as Requires Improvement (The last report was published 3 July 2018). At this inspection the overall rating had improved to Good.

Why we inspected:

This was a planned inspection to look at improvements the service had made following the previous rating. At this inspection we found improvements had been made.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we may bring our inspection forward.

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 House

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.

Service and service type:

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

Primrose House provides care and accommodation for up to five people with learning disabilities. On the day of our inspection five people were using the service, and each had their own room within the home.

The responsibility of running the service was being shared by senior staff due to unforeseen personal circumstances involving the provider. Registered managers 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:

The inspection was unannounced.

The inspection took place on 10 May 2019.

What we did:

Before the inspection, we reviewed:

•The Provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
•Notifications we had received. These are events within the service the provider is required to tell us about.
•The previous inspection report.

During the inspection we:

•Reviewed two people's care records and discussed the care of all five people with staff.
•Reviewed records of accidents and incidents.
•Discussed the complaints process and complaints received within the past 12 months.
•Reviewed audits and quality assurance reports
•Observed the care of people where possible.
•Spoke with four people.
•Observed staff interaction with people.
•Spoke with three staff about their training, support and people's needs.
•Reviewed people's medicines.
•Received feedback from Devon local authority quality improvement team.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

•There continued to be effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with. Staff had received training in protecting people from harassment, discrimination and harm.
● Staff discussions, reviews with external professionals and one to one meetings with staff were used as an opportunity to discuss any safety concerns.
● Family members, professionals, advocates and staff supported people to make choices in their personal lives where they were unable to make these themselves.
● People we met and observed being cared for at Primrose House appeared comfortable and happy with staff. Other people who were able to share their views, all told us they were very happy.

Assessing risk, safety monitoring and management

•People benefitted from a service that learned lessons from mistakes quickly to enhance safety. Accidents and incidents were recorded, reviewed and investigated where necessary by the management team.
•People's risks were assessed and safely managed. Risks related to people's behaviour, communication, health and diet were documented and known by staff. Professionals, family and advocates were involved in these discussions where required.
•Support plans contained clear protocols and staff guidance to help protect people at the service and in the community. For example, some people had staff support them when out on activities or if people were in the kitchen.
•Staff knew who needed support to remain safe when out and about for example, with roads and reading bus timetables.
•Staff encouraged some people to carry a mobile phone for their safety and talked to people about how to access "safe areas" if they were not feeling safe when out alone.
•Support plans and policies at the service minimised restrictions on people's freedom, choice and control as much as possible.
•If people were distressed or agitated, staff knew people well and were able to distract and diffuse situations promptly.
•In-house staff discussions and meetings with professionals were used as forums to share information about people, discuss any changes in behaviour and consider care and treatment plans.
•Environmental checks were undertaken to maintain people's safety, for example fire tests and checks on the water temperature. Evacuation plans were in place for people in the event of an emergency.

Staffing and recruitment

•There were enough staff available to support people according to their needs. Some people required a high staffing ratio to support their needs, for example one to one staffing. We observed people were never left alone when they needed staff to support them.
•The staff team was small, consistent and stable. Some staff had worked at the service for many years and knew people well.
•Recruitment was thorough to ensure staff were safe and was values and skills based. This was to ensure the staff with the right attributes and character were considered.
•Background checks continued to be completed before new staff started working at the service..

Using medicines safely

•Medicines continued to be stored, recorded and administered safely. Medicine Administration Records (MARs) were completed in line with best practice guidelines.
•Staff were able to describe the action they would take if they identified a medicines error.
•Staff were trained in medicine management and their competency checked.
•'As required' medicines (PRN) medicines protocols (as required medicine sheets) were part of the service improvement plan. These were instructions detailing when people may require these medicines and how people liked to take their medicine.
•No one at the service needed their medicines given without their knowledge.
•There were frequent conversations with people's doctors to monitor and check medicines remained right for the person.

Preventing and controlling infection

•People lived in a clean home.
•People living at the service helped maintain the cleanliness of their rooms with staff support and helped with their laundry to develop their life skills.

Learning lessons when things go wrong

•Any accidents and incidents were recorded and highlighted to the management team.
•Staff at the service had worked closely with the local authority to learn from their last inspection and put things right.

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

Good: People's outcomes were consistently good, and people, relative and professional feedback confirmed this.

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

•Assessments had been undertaken prior to people staying at Primrose House. These took into account people's needs and abilities, the support they would require, and the other people who stayed at the service. People's physical, emotional and social needs were considered. There had been no new admissions and most people had lived at the service for many years.
•Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed. Staff worked closely with professionals where needed. Staff followed professional recommendations and suggestions to improve people's outcomes.
•Staff, family and professional meetings discussed people's care. These forums were used as opportunities to review people's needs, behaviours and goals and to monitor people's progress and achievements.
•There was a Wi-Fi connection at Primrose House if people wished to use computers.

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

•The staff team worked across organisations to ensure people received effective care. Regular reviews with health and social care professionals were now being arranged. The learning disability service were involved with some people for advice and support. If people were unwell, people saw their doctor.
•People had regular check ups with their dentist and optician to maintain their health.
•The service was looking at opportunities to promote people to live healthier lives and increase their exercise. For example, people who were overweight were encouraged to look at their diet. Other people we met kept active with swimming, tennis and walking. One person proudly showed us his muscles from swimming.

Staff support: induction, training, skills and experience

•Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
•New staff shadowed more experienced staff before starting to work unsupervised. Staff competencies and confidence were observed by the management team.
•Staff training covered the provider's essential training for example safeguarding, food hygiene, fire safety and infection control and training specific to the people supported at Primrose House for example, epilepsy

and learning disabilities.
•Staff were due to undertake First Aid training by the end of May 2019.
•A training matrix had been developed to monitor staff training.
•Regular informal supervision (staff support processes) were in place. Staff were able to discuss any training needs as well as raising issues around working practices. Staff were well supported by the management team. Formal discussions about their performance and annual appraisals of staff performance were in progress and part of the service improvement plan.

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

•People were encouraged to eat a varied and healthy diet. Due to the size of the service, staff knew people's likes and dislikes well.
•Primrose House encouraged people to maintain their independence as far as possible and people usually helped themselves to breakfast and lunch and ate together in the evening as a family might.
•People's nutritional risk and weight was monitored where required. Some people were prone to weight gain due to their health needs and medication, others at risk of weight loss. Referrals to professionals had been made where indicated.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 required a DoLS, this had been actioned. One person's DoLS was waiting approval.

•People were not always able to consent to their care, however staff explained how they would ask people for their consent and observe their body language and facial expressions which might indicate consent/refusal. Others were shown pictorial choices if appropriate prior to staff supporting them, for example to help them chose an activity.
•Some people found making decision difficult, so staff would limit choices to two options at a time to support their choice and reduce anxiety.

Staff worked closely with professionals and family and best interests meetings were held when required, for example if people needed medical, dental treatment or support managing their finances.

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

•Primrose House was designed to be like a 'family home'. People's bedrooms were decorated according to their individual taste.
•People enjoyed the use of a large shared kitchen and dining area.

•People had access to large garden.
•The service was located centrally in a small town, people could easily access shops, public transport and leisure activities.

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.

Good: 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

● People we met and observed looked content and at ease with staff. People also looked happy as they returned and told us about their morning activities. Staff knew people well and it was clear people living at Primrose House mattered to staff.
•Staff were positive and affirming when they spoke to us about individuals who used the service.
•People looked comfortable and well cared for at the service by kind staff.
•Care plans contained information about people's abilities and skills. Staff knew people's likes and dislikes for example, favourite foods and activities.
•People's birthdays were known and celebrated with a cake and party or special activity if they wished. These things made people feel they mattered.
•Staff understood equality and diversity and demonstrated respect and understanding for the people living at Primrose House and their diverse needs.

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

•Staff recognised that people could sometimes find it difficult to express and manage their emotions and were empathetic and understanding in their approach.
•Some people who lived at Primrose House had limited verbal communication skills. Staff knew people well including their non-verbal sounds, behaviours and facial expressions that indicated how they were feeling.
•Staff sought accessible ways to communicate with people where required. Pictures were used to support communication and people's choice.
•Communication guidelines were in place in people support plans. For example, staff guidance included staff to speak slowly and clearly, limiting choices, the use of pictures and, giving people the time they needed to process information.
•Staff knew what might cause anxiety for people, for example too many people, change of routine or misunderstanding communication. These guidelines were clearly recorded in people's care records.
•People benefited from the care and attention of staff. People looked happy and were smiling as they engaged in activity and conversation with staff.

Respecting and promoting people's privacy, dignity and independence

•People were supported to maintain their independence as far as they were able. For example maintaining their personal hygiene with staff prompting and supporting with household tasks such as tidying their bedrooms or peeling the vegetables for Sunday roast.

•Staff were mindful of people's privacy and dignity and gave them space when it was appropriate and safe to do so.
•People were encouraged to make sure they were dressed appropriately for the weather if they were going out.
•If staff were entering people's rooms, they knocked on people's door before entering their room.
•Staff knew to close curtains and to cover people up to maintain their dignity if providing personal care.
•People's sexual and relationship needs were known and discussed as part of their care if appropriate.
•Staff, professionals, family and advocates were involved in supporting people to express their views and decisions about people's care. Staff had people's best interests in mind.
•People's routines were known and recorded. Those with family, friends or those with the legal authority to make decisions on behalf of people were consulted and involved appropriately.
•Staff maintained links with people's family where appropriate, and they were always available for informal discussions about people's care.

Good

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

•The assessment process was thorough to support people's time at Primrose House. The assessment checked people's needs could be met by the service, their preferences for care were known and that they would be compatible with others living at the service.

•Care plans were detailed and contained information which was specific to people's individual needs, the routines they liked and those people who were important to them. People's social needs, future goals and aspirations were considered and how the service would support people to meet these goals.
•There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. This supported people to know what was available at Primrose House and to make choices about their care.
•People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, such as external professionals, as required. One person had limited verbal communication skills but staff knew by their body language and facial expressions and sounds whether they were content.
•People enjoyed activities to their personal taste and individual needs. For example, many people went to local day services during their stay. Other's enjoyed activities to their personal liking for example, pub outings, walking groups, swimming and tennis. Those more able used public access to visit the local city when they wished.

Improving care quality in response to complaints or concerns

•There were systems and procedures in place to manage complaints. This was available to people who used the service in an easy read format and in visual faces.
•There had been no complaints since the previous inspection.
People who were able to verbally share their views told us they would speak to staff if they had a complaint.

End of life care and support

•People living at Primrose House were young and not approaching end of life care. However, due to their health needs, this was an area the management team recognised required developing and adding to the service's service improvement plan.

Good

Is the service well-led?

Our findings

Well-Led

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; and how the provider understands and acts on duty of candour responsibility

•The senior staff team ensured Primrose House was run like a family home. Staff put people first and the atmosphere at the service was warm and welcoming.
•The senior staff at the service had worked hard to develop a service improvement plan following the last inspection and ensure quality continued to be improved.
•The senior staff were open, transparent and honest. They understood their duty of candour responsibilities.
•Staff were clear about their roles, and understanding quality performance, risks and regulatory requirements. In the absence of the provider, a named staff member had been identified to lead on quality assurance.
•Staff were respected and valued for their contribution.
•The organisation of the service had significantly improved since the last inspection.
•Systems had been developed to ensure performance remained good. For example, there was an auditing schedule and an overarching quality assurance tool. The governance system included regular checks on the environment, medicines, care plans and risk assessments and any incidents. Structures were in place to support staff through supervisions and ongoing training.
•People's voice was listened to by staff. Any significant changes within the house would be discussed with people.
•The views of people where possible, families and professionals were sought. In the December 2018 questionnaire people completed,100% satisfaction was scored.
•The senior staff team had introduced a survey for visitors and professionals. "One thing" was requested which was a comment on what visitors appreciated about the service. For example, "The way residents are involved in all aspects of home life."

Continuous learning and improving care

•Links with the local community were established to provide the range of new and on-going opportunities for people. The people living at Primrose House were involved in local groups and very much part of the community.
•The senior management team had built relationships with the local authority to improve standards at Primrose House. There was a service improvement plan which was on-going.

Working in partnership with others

•The service had developed close working relationships with the local learning disability service and local authority.