

Mrs C A Nurse

Primrose House

Inspection report

2 Moors View, Western Rise
Ivybridge Devon
Tel: 01752 894222

Date of inspection visit: 24 & 25 February 2015
Date of publication: 08/04/2015

Ratings

Overall rating for this service

Good



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?

Good



Overall summary

The inspection took place over two days on the 24 and 25 February 2015 and was unannounced.

Primrose House provides care and accommodation for up to five people who have a learning disability and other associated conditions such as aspergers and autism. On the day of the inspection there were five people living at the home. The service had a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for

meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager for Primrose House is also the registered provider for the service.

People told us they felt safe and well cared for at Primrose House. Staff had a good understanding of types of abuse and knew what to do if they believed a person was at risk of abuse or harm. People were supported to make choices, and were well informed about risks and how to keep safe in the home and out in the community.

Staffing levels were sufficient to meet people's needs and to keep people safe. People were supported by a small, consistent staff team who had worked in the home for many years and knew people well. Recruitment practices

Summary of findings

however were not sufficiently robust to ensure people's safety. We raised this issue with the manager at the time of the inspection and were told gaps in recruitment checks would be addressed as a matter of priority. We spoke to the provider following the inspection and were told that the required checks had been requested and interim safety measures put in place whilst checks were completed.

People's medicines were administered safely. People who were able to manage and administer their own medicines were supported to do so safely.

People were supported by knowledgeable and skilled staff. Staff undertook training, which was specific to the needs of people they supported. New staff had time to familiarise themselves with the running of the service and worked alongside more experienced staff until they were competent to work on their own.

Staff understood their role and correct procedures were followed when it had been assessed people did not have capacity to make decisions themselves. This helped ensure people's human rights were protected.

People were supported to have their health and dietary needs met. People were fully involved in decisions about their diet and were supported by staff when required. Staff monitored people's general health and well-being and supported people to access health services when needed.

Staff had a good understanding of the people they supported and had formed positive, caring relationships.

People were supported to lead a full and active lifestyle and were able to maintain relationships with people who mattered to them. Positive links had been developed within the local community and this had helped further enhance people's lifestyle and independence.

People were fully involved in the running of the service and considered Primrose House to be their home. The registered manager had an active role in the running of the home and staff felt well supported.

People were able to raise concerns and felt their views and opinions were listened to and valued. Systems were in place to regularly check the quality of the service and improvements had been made when required.

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?

The service was not always safe. Staff were not always recruited in a way that helped ensure people's safety.

There were sufficient numbers of skilled and trained staff.

Risks were managed in a way that promoted and protected people's freedom, choice and rights.

Medicines were stored and administered safely.

Requires Improvement



Is the service effective?

The service was effective. People received care and support that met their needs.

Staff understood their role and correct procedures were followed when people lacked the capacity to make decisions themselves.

People were supported to have their health and dietary needs met.

Good



Is the service caring?

The service was caring. People were supported by staff that promoted independence and respected their dignity and privacy.

Staff had a good understanding of the people they supported and had formed positive, caring relationships.

People were kept informed and actively involved in decisions about their care.

Good



Is the service responsive?

The service was responsive. Care records were personalised and detailed people's specific care needs and personal wishes.

People were supported to choose how they spent their time and to lead a full and active lifestyle.

People were supported to maintain and develop relationships with people that mattered to them.

People were supported to raise any concerns about the service or their support arrangements. Systems were in place to ensure that complaints were addressed appropriately and in a timely manner.

Good



Is the service well-led?

The service was well led.

Staff felt well supported by their colleagues and management.

Good



Summary of findings

People were involved in the running of the home and had strong links with the local community.

Regular checks were undertaken to ensure quality and to drive improvement.

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 was planned to check 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 over two days on the 24 and 25 February 2015 by one inspector and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This 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.

Prior to the inspection we also reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required by law to send us.

During the inspection we spoke with all the people who lived at the home, two members of staff and the registered manager. We spent time observing how people spent their time as well as how people were being supported by the staff team

We looked at the care records for three people. These records included support plans, risk assessments, health records and daily monitoring forms. We looked at records relating to the service and the running of the home. These records included policies and procedures as well as records relating to the management of medicines, people's money and fire safety checks. We looked at two staff files, which included information about recruitment, training and supervision.

Following the inspection we spoke to a representative from Plymouth City Council who had involvement in the home and had supported people who lived there.

Is the service safe?

Our findings

Staff were not always recruited safely which meant people were not fully protected. Some of the checks that were required to ensure staff were safe to work with vulnerable people had not been completed. We spoke to the registered manager about these gaps in recruitment checks at the time of the inspection. The registered manager told us they would ensure these checks were completed as a matter of priority and would inform us when they had been completed. We spoke to the registered manager following the inspection and they told us they had taken action to complete the required recruitment checks. Safety measures had been put in place to ensure people were protected whilst the necessary checks were completed.

People told us they felt safe. Comments included; “It feels like a family, I feel safe” and “I know what to do if I feel unsafe”.

Staff understood about different types of abuse and knew what they needed to do if they suspected or witnessed abuse or poor practice within the service. Written guidelines and training were also available for staff so they had up to date and clear information about abuse and any action they needed to take.

There were enough skilled and competent staff to ensure people were supported in a way that was appropriate and safe. Comments included: “The staff are always available”, “I get all the support I need”. Staffing arrangements had taken into account people who required additional support to keep them safe. For example one person required one to one support for particular activities and to ensure their safety outside of the home. We observed these staffing levels were in place. Staff said that staffing levels were sufficient to meet people’s needs and to keep them safe.

Risk assessments were completed to address issues that may place people at risk of harm. These took into account people’s individual needs and people were supported to take every day risks. People made their own choices about how and where they spent their time. Comments included; “I make my own choices about what I do, but if I ask the staff help me”. We saw people had access to all facilities in the home and were supported to use facilities such as the laundry and kitchen to develop their skills and independence. Staff recognised possible risks and supported people appropriately from a distance to ensure their safety and independence were maintained. For example, one person used the kitchen to prepare lunch. Staff also provided verbal advice and guidance regarding the use of the cooker and other electrical equipment but allowed the person to complete the task independently.

Staff supported people to consider possible risks out in the community and provided appropriate and useful information. For example, one person was going out for the day and was advised to carry their mobile phone. Another person was given advice about bus times and weather conditions so they could partake in their activity independently and safely.

Medicines were managed, stored and administered safely. People were supported when possible to manage their medicines independently. Safety measures including safe storage had been put in place for people who had chosen or been assessed as being able to self- administer their medicines. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

Is the service effective?

Our findings

People were well supported by a consistent staff team who knew them well and understood their needs and wishes. Comments included, “It is like a family, I make my own decisions but the staff are here to help if I need them”.

Most of the staff had worked in the home for many years and knew people well. New staff were well supported and had the opportunity to work alongside other staff members until they felt confident to work on their own. New staff said “I shadowed staff before working on my own and had time to read people’s care records and familiarise myself with the running of the home”.

People were supported by skilled and knowledgeable staff. The registered manager ensured staff were trained to meet the individual needs of people living in the service. For example staff had attended training in autism and aspergers as well as other areas of need such as eating disorders and behaviour management. Systems were in place to ensure this training was updated to reflect good practice and guidance. The training was flexible to ensure staff were trained to meet any new needs or concerns. Staff had the opportunity to discuss their practice with the registered manager and colleagues, and had access to a wide range of training material within the home.

People where appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make decisions at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people, who are, or become, deprived of their liberty. Care records

demonstrated people’s capacity was assessed. Best interest decisions were clearly recorded and DoLS applications made when necessary following the correct procedures.

People were supported to make decisions and have control over their care and lifestyle. We saw that staff considered people’s capacity to make decisions about everyday events such as when people wanted to get up, what they wanted to wear, eat and how they wanted to spend their time. Staff guided people to make appropriate decisions, whilst respecting their right to make their own choice.

People’s nutritional needs were met. People were supported to have a sufficient and well balanced diet. The kitchen was the hub of the home and people had full involvement in meals and decisions about their diet. People told us they made all the decisions about the food shopping for the home and would take turns cooking meals so everyone had the chance to get involved and develop their skills. People had their own space in the kitchen and were able to help themselves to drinks and snacks throughout the day. People had the opportunity to eat out and experiment with different types of food. Staff spoke to people about healthy food choices and portion sizes, whilst also respecting their right to make decisions.

People’s health needs were met. People were supported to maintain good health and when required had access to healthcare services. People told us they used local health services independently but had support from staff if required. Support plans included information about people’s past and current healthcare needs and staff were familiar with this information. The staff knew people well and were able to use their skills and knowledge of the individual to monitor changes in health and respond promptly and appropriately. People told us staff recognised when they were unwell and supported them to make appointments and access appropriate help and support.

Is the service caring?

Our findings

People spoke highly of the staff and how they were looked after. People said “We are cared for very well, it is just like a family home”. Representatives from other agencies said they felt the staff worked hard to meet people’s needs within a small ‘family type setting.

We observed the atmosphere in the home was warm and welcoming. People greeted us at the door and clearly considered Primrose House to be their home. The interactions between people and staff were positive. People demonstrated they cared about each other and valued the people they lived with as friends and family.

Staff treated people with kindness and in a caring and compassionate way. For example, the registered manager spent time talking to one person about a subject that was concerning them. They provided clear information and allowed plenty of time to ensure the person concerned was reassured and able to continue happily with their day. Staff spoke about people in a manner that demonstrated they cared and were important to them. One person had been shopping for new clothes. When they returned from their

shopping trip staff welcomed the person home and were enthusiastic about their purchases. The person’s smiles and laughter indicated they were very happy with the staff’s interest and response.

People told us their privacy and dignity was respected. Although people spent lots of time together talking, people also had the opportunity to speak privately to staff about any personal matters. Comments from people included, “Staff respect my privacy, I can spend time on my own or with the others”.

People’s needs in relation to their disability were understood by staff and met in a caring way. For example staff understood that some people needed their daily routines to be organised in a certain way. Staff understood and respected these needs and choices, which helped ensure people remained happy and contented within their environment.

People said they felt listened to and were involved in decisions about their care. Staff provided clear information to people about their day and care arrangements. One person told us that in addition to the support from staff at the home they also had access to other specialist and advocacy services for help and support when required.

Is the service responsive?

Our findings

People were in control of their care and how their needs were met. People said they felt in control of their lives and were supported by staff to lead an active and fulfilled lifestyle. Comments included, “I have learnt so many things and keep very busy”.

Support plans included clear information for staff about people’s health and social care needs. Plans included people’s specific wishes about how they chose and preferred to be supported. People were supported to maintain their independence. For example, one person’s plan stated they required support with personal care, and also described the skills they had with washing and dressing and how this needed to be encouraged and supported. The plan reinforced the person could make decisions about what they wore each day. Staff confirmed they followed these guidelines and encouraged involvement and choice whenever possible.

Support plans were reviewed regularly to ensure the information was accurate and up to date. Staff said any changes about people’s needs were discussed with the individual and communicated clearly to the staff team.

People were supported to be involved in the local community and to take part in a range of activities to keep them occupied. People could choose how they wanted to spend their free time. People visited the local shops and leisure facilities independently. They also used a range of public transport to travel further afield and to visit family and friends. Where necessary, staff supported people who

could not go out on their own. People told us about activities they enjoyed each week such as art groups, swimming and local walking clubs. Some people told us about their voluntary work in the local community and said they enjoyed these arrangements and the skills and friendships they had developed.

People were supported and encouraged to develop and maintain relationships with people that mattered to them. For example, one person met friends from a weekly group they attended at a local pub. Another person met a friend regularly outside the home and also on occasions invited them to Primrose House to visit and to have a meal. Staff supported people to visit family members and relatives were also made welcome when they visited the home. The registered manager said the staff would assist with travel arrangements and planning to ensure that visits home were a good experience for all concerned.

The provider had a policy and procedure in place for dealing with complaints. People said, “We talk every day, we all talk together, usually around the table”, and “Issues get dealt with very quickly before they become a problem.” People had formal and informal opportunities to raise their concerns and discuss issues relating to their care and the service. When concerns were raised about the service staff responded in an appropriate and timely manner. People were told the outcome of their concerns and the registered manager said the staff learnt from this. This ensured that any issues relating to people’s care or the quality of the service had been considered and addressed as a matter of priority.

Is the service well-led?

Our findings

Primrose House was owned and run by the same person who had day to day responsibility for ensuring people's needs were met.

People were involved in issues relating to the home and the running of the service. Comments included, "We are always told about things that are happening and we get involved in decorating and choosing new staff".

The staff demonstrated a positive culture which was empowering to people who lived there by ensuring they listened to people and actively put ideas into practice. People were encouraged and supported to view Primrose House as their home and be involved in the daily tasks of running a home. Staff included people in discussions and valued their views and opinions. People were encouraged to consider the needs of all people living in the home, which ensured that everyone felt listened to and valued. For example, one person was responsible for planning the evening meal. They asked everyone if they were happy with the menu for the day and asked another person if they would be happy to go to the local shops for some ingredients. The staff observed these interactions and offered advice when needed.

The provider and people living in the home had strong links with the local community. People had developed positive and trusting relationships within the local community and this had helped further enhance their lifestyle and

independence. The registered manager said they had good links with the local health services and organisers of groups people attended. This helped ensure that any issues could be dealt with as promptly as possible.

Clear lines of management and accountability were visible within the service. The registered manager took an active role within the running of the home. Staff said they felt well supported by their colleagues and the registered manager. Comments included, "We are a small staff team, so we are able to communicate easily as we work together" and "The manager is always available if we need them at any time of the day".

The registered manager regularly discussed with people and staff ways of further improving the quality of the service. Staff told us they could make suggestions on how to improve the service. They said the registered manager was approachable and felt their suggestions would be listened to and considered. A programme of decorating had been completed, which included improvements and updating of people's bedrooms and communal areas. People said they were very happy with these changes and had been fully involved in choosing colours and furnishings.

The service had clear quality assurance processes in place to ensure the care they were delivering was both safe and appropriate, and good quality. Regular audits were undertaken of medicines and people's finances. Equipment was regularly checked for any faults and contracts were in place for the maintenance and checks of fire equipment and vehicles.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.