

Parkcare Homes (No.2) Limited

Primrose Villa

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Primrose Villa is a residential care home providing personal care for up to seven people. At the time of the inspection six people were living at the home.

People's experience of using this service and what we found

Based on our review of the key questions safe and well-led, the home was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

The model of care and setting maximised people's choice, control and independence. The home had good access to the local community and amenities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff focused on people's strengths and encouraged them in their individual interests. We observed one person enjoying a makeup and hair session with staff. Another person liked to use the homes exercise equipment which included a running machine. Another person told us they liked to go out for meals and take part in social events which were run by another organisation.

People were supported by enough staff on duty. People received their medicines in a safe way. People were protected from abuse and neglect. People's care records and risk assessments were clear and up to date.

Right Care

Staff knew people well and demonstrated an understanding of people's individual care, behavioural and communication needs. This helped ensure people's views were heard and their diverse needs met.

People could communicate with staff. Staff understood their individual communication needs and were consistent in their approach and response. People's care plans informed staff of any specific ways to best communicate with people.

The core staff team had the appropriate levels of knowledge and skills to support people and responded to their individual needs and choices. Staff promoted people's dignity and treated them respectfully. They understood people's needs and provided security and encouragement.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

Right Culture

The staff at Primrose Villa were committed to ensuring people were leading the lives they wanted. Staff created an environment that inspired people to understand and achieve their goals and ambitions.

People received care which was inclusive and directed by them. Staff knew and understood people well and put their needs at the heart of the support they provided. Staff ensured people were involved in their care plans and that they promoted people's right to independence and choice.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Primrose Villa

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one Inspector.

Service and service type

Primrose Villa 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.

The home 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 inspection was unannounced.

What we did before inspection

Before the inspection we reviewed all of the information available to us, including any information of concern, notifications and the PIR. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We made observations of people and how they expressed themselves. People were able to verbally communicate their care needs. We spoke with the six people who lived at the home. We spoke with three members of staff and the registered manager. We looked at range a of records. This included people's care records, maintenance records and medicine records. We looked at a variety of records relating to the management of the home which included audits.

After the inspection

We continued to review the information we received from the inspection to help us make judgements about the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The home had effective systems in place to protect people from abuse and staff had a good understanding of what to do to make sure people were protected from harm. People were provided with information in a format which helped them to understand who they should report concerns to.
- People were empowered and encouraged to report any concerns they had about their welfare to the registered manager or staff. One person told us, "I would tell staff if I was worried".
- Staff received training and were able to tell us what they would do if they had any safeguarding concerns. Staff knew how to whistle-blow about any poor practice.
- Local safeguarding procedures were understood by the registered manager and staff team. Where concerns had been identified that may impact on people's wellbeing these had been appropriately reported.
- The staff supported people to manage some aspects of their finances to maintain a level of independence. Some people were not able to manage their money and the staff helped them to plan and budget each month.

Assessing risk, safety monitoring and management

- People benefitted from a culture of positive risk taking, meaning they had freedom to pursue activities and goals of their choosing. One person for example, was able to go out independently.
- People had detailed and up-to-date risk assessments. These included information about risks associated with, behaviours, medical conditions, managing personal care and medicines. These were reviewed on a regular basis and updated where there were any changes.
- People's risk assessments included guidance for staff on how to manage identified risks. This included how to manage the risks associated with people's medical conditions, for example epilepsy and diabetes.
- The premises and equipment were monitored to ensure they were safe for people to use. Health and safety audits of the building were regularly carried out. Regular checks of fire safety equipment and systems were completed.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. One person that lived at the home had an authorised DoLS in place. Any conditions related to DoLS authorisations were being met with a tracker in place to monitor this.

Staffing and recruitment

- There were enough staff to meet people's individual needs and maintain their safety. Staffing levels were increased when people's needs changed. The registered manager was working with commissioners and people's social workers during review meetings to have their staffing levels assessed.
- Staff told us staffing levels were adequate and absences covered with regular permanent or the same agency staff. The home were in the process of recruiting more staff.
- The registered manager ensured staff were recruited safely in line with the provider's policies and procedures. This included asking for references and making checks with the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management to ensure ongoing safe practice.
- Some people were able to manage some aspects of medicines managements. One person was able to administer their daily insulin with prompting from staff.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- When medicines were prescribed to be given 'when required' we saw that person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.
- Medicine audits were completed on a regular basis. Where there were medicine errors, these were investigated to minimise risk of recurrence.
- Staff completed a daily count of all medicines to provide oversight of medicines management. This would identify if there were any issues with the medicines quickly and helped ensure action would be taken to resolve any queries.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on people welcoming visitors to their home and the provider was following currently published visiting guidance by the Department of Health and Social Care.

Learning lessons when things go wrong

- The home had systems in place to monitor and assess accidents and incidents. Accidents and incidents were documented and analysed regularly to assess trends and patterns. This had helped the home to reduce incidents and make improvements to the care provided to people.
- Where the registered manager's investigation identified improvement, staff were told what was expected of them, and people's care plans were updated to reduce the risk of further incidents.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's needs and wishes came first. Feedback we received from people and our observations evidenced the staff focussed on people's needs.
- The registered manager and staff team worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Staff felt respected and supported by their manager which supported a positive and improvement-driven culture. One staff member told us, "The changes the manager has made is amazing. She has worked really hard to bring out the best in people and staff".
- We observed that activities and support was personalised and directed by individual interests. One person had enjoyed watching a hot air balloon land near the home in a local park. They told us this had made them feel happy. During the inspection we observed a staff member sitting with the person making a paper mache balloon. The person was engaged in the activities and wanted this to be displayed in the lounge.

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

- The home had a registered manager who was supported by senior staff who covered in their absence. The registered manager was stepping down from their role but planned to continue as bank staff. A new manager had been recruited and was being inducted into their role.
- Staff said they were well managed, and the support received allowed them to focus on providing high levels of care in roles they enjoyed.
- The provider supported the registered manager and ensured they had a range of people they could contact for support and advice. They worked together to ensure quality improvement of the home through regular audits.
- The registered manager had good oversight of the home and used audits and observations of staff practice to ensure care was being provided as it should be. One person who lived in the home told us they enjoyed making the registered manager a cup of coffee each day. They liked to spend time with them talking about how they were. Our observations showed that people knew the registered manager well.

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

- People were fully included in their care and the way the home was run. They received daily one to one time with staff where they could discuss any concerns or changes, they would like to make.

- The registered manager had regular 'house meetings' with people to discuss the home and to find out if people were happy or unhappy. They discussed staff, menus and activities that each person wanted to do.
- Each person had a nominated key worker who helped to oversee people's individual care needs. Regular keyworker meetings took place between the person and the keyworker. People and staff gave feedback which was acted upon.
- The provider had another home next door. Both homes were closely linked with staff and people visiting each home regularly. The day before the inspection people from Primrose Villa had attended a BBQ at the other home. During the COVID-19 pandemic staff and people were kept separate to minimise the risks of infection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Continuous learning and improving care. Working in partnership with others

- The registered manager understood the need to report incidents to the local authority where appropriate. They described the importance of being open and honest when things go wrong.
- The registered manager understood the importance of notifying CQC about significant incidents and events at the home.
- The home worked well in partnership with other health and social care organisations. This included the GP surgery, district nurses, physiotherapists and the local dentist. This helped people to maintain their wellbeing.
- The registered manager had a clear vision for the home which was to promote person centred care further. It was clear from our conversation that the pandemic had affected people. Some people had lost their confidence in going out due to restrictions that were placed upon care homes at that time. The registered manager and staff were working towards building people's confidence. Their vision was to help some people to find local jobs which were either paid or through volunteering. One person was interested in going back to college. The staff had supported the person to make enquiries for a college course.