

Mrs C A Nurse

Primrose House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Primrose House is a small family run care home for up to five people living with a learning disability, Asperger's or Autism. On the day of the inspection the home had five people living there.

The person in day to day charge of the home was the registered provider. 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.

At the last inspection of the service on 24 and 25 February 2015, the service was rated as good. One key question was rated as requires improvement (Safe). This was due to concerns over the recruitment process in place. On this inspection we found that other improvements were needed and the home was rated as Requires Improvement.

We found that people who lived at the home were well supported, and received opportunities to lead full, active and interesting lives of their choosing. The home had a positive culture and family like, informal atmosphere, and people told us they were happy living there.

However, some management and governance systems were not well developed or organised. We found policies and procedures were out of date and some records were not well maintained.

Not all risks to people were being assessed or managed, including where risks had altered. We found some risks in relation to the premises had not been assessed or actions taken when a person's needs had changed.

People were not always kept safe because staff were not always recruited in a way that helped ensure people's safety. At the last inspection we had identified a concern over some checks not having been made at the point of recruitment of staff. The provider told us they had taken action, and we saw they had obtained the specific checks retrospectively. However on this inspection we found they had still not carried out all the checks needed when recruiting staff or put in place a system to ensure this was done in future.

We did not identify that these areas impacted directly on people's care; however there was a risk of this happening.

People were protected because staff understood how to raise concerns about abuse and how to protect their rights. Support had also been given to people to help ensure they understood how to raise any concerns they may have. Where people had been assessed as lacking the capacity to make decisions for themselves the home had taken appropriate actions to protect people's rights, including formal advocacy services. Personal responsible risk taking practices promoted and protected people's freedom, choice and rights.

People were involved in the running of the home and had strong links with the local community in Ivybridge and the surrounding area. Care plans were regularly reviewed and detailed any areas of need and how they were to be met. People followed activities of their choosing, including sports and leisure, daily household tasks such as cooking and laundry and socialising with friends. People had been involved with staff drawing up plans for both long and short term goals and how they could be achieved.

There were sufficient numbers of skilled and trained staff to support people, and people were encouraged to be as independent as they wanted or needed. Although staff training systems were not well organised, we saw staff supported people with a consistent approach and appropriate communication to meet the person's needs. It was evident there were good caring and supportive relationships in operation, and a positive culture.

People received their medicines safely. Medicines were stored and administered safely. Some people managed their own medicines with staff overview. This included lockable storage in people's bedrooms. People could also lock their bedroom doors to maintain their privacy if they wished.

People were supported to have their health and dietary needs met. People were encouraged to be independent with making their breakfasts and packed lunches, and we saw people helping themselves to meals, snacks and fruit throughout the day. People offered to make hot drinks for others and staff throughout the day and had open access to the kitchen at any time. Where there were concerns over people's dietary intake or health needs the provider had sought appropriate advice and support from medical professionals.

We identified three breaches of regulations on this inspection. You can see what actions we have told the provider to take at the end of this report. Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

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

Not all risks to people were being assessed or managed, including where risks had changed. However, personal responsible risk taking practices promoted and protected people's freedom, choice and rights.

There were sufficient numbers of skilled and trained staff.

Medicines were stored and administered safely.

People were protected because staff understood how to raise concerns about abuse.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who understood their needs and had the skills to support them.

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.

Primrose House provided a comfortable environment in a homely setting.

Is the service caring?

Good ●

The service was 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.

Is the service responsive?

Good ●

The service was responsive.

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

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

People were supported to raise any concerns about the service or their support arrangements.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Management and governance systems were not well developed or organised.

Policies and procedures were out of date and some records were not well maintained.

The home had a strong positive culture and friendly open family run atmosphere.

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

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 checked 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 2014.¹ This was a comprehensive inspection.

The inspection took place on 15 May 2017 and was unannounced. It was carried out by one adult social care inspector.

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 or spent time with all the people who lived at the home, two members of staff and the registered provider. 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 diaries. 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 three staff files, which included information about recruitment, training and supervision.

Prior to the inspection we contacted the local authority teams with responsibility for supporting people at the service.

Is the service safe?

Our findings

At the last inspection the service was rated as Requires Improvement for this key question. Staff had not always been recruited safely because some of the checks that were required to ensure staff were safe to work with potentially vulnerable people had not been completed. Following the inspection the provider told us they would ensure these checks were completed as a matter of priority, and later confirmed to us they had done so.

On this inspection we found a robust recruitment process was still not in place. Staff recruitment files were not well maintained, and did not provide the documentation and evidence required that a full recruitment process had been followed for staff employed. For example we found there was not a photograph or evidence of the staff member's identity, or a complete employment history. Some files had no references from previous employment. Evidence of satisfactory disclosure and barring checks (police checks) missing from the last inspection was not recorded in the staff files. However we later received evidence that these checks had been carried out. Three of the four staff who worked at the home were related to the provider and no new staff had been employed since the last inspection.

Whilst we were not concerned this had placed people at risk, the registered person had not taken action to establish a system to ensure safe recruitment practices were followed, ensuring staff were of good character and had the skills and experience necessary for the work to be performed by them.

This is a breach of Regulation 19 Health and Social Care Act 2008 Regulated Activities Regulations 2014 (Fit and proper Persons Employed).

People were not always being protected from risks associated with the environment due to their changing needs. We identified some potential risks that had arisen because of an altered health condition for one person living at the home. This included risks from unprotected hot surfaces they might come into contact with in their room. Changes to the person's risk assessment had not been undertaken to reflect increased risks.

Some other risk assessments for the premises had not been carried out, for example the Fire Precautions (Workplace) Risk assessment. The home had an assessment tool but this had not been completed. This could have put people at risk if a fire had occurred. There were no individual evacuation plans for people at the home, and the provider told us that some of the people living there would not immediately respond appropriately to a fire alarm.

This is a breach of Regulation 12 Health and Social Care Act 2008 Regulated Activities Regulations 2014 (Safe care and treatment).

We identified that regular testing of the fire precautions took place, including regular fire drills, and checks were in place for fire extinguishers. Staff we spoke with were aware of the location of fire alarm points and extinguishers. Information was available for staff about what to do in an emergency and the provider told us

they were always on call for advice or support where needed.

Certificates were available to demonstrate gas and electrical safety and the provider was contracted with an agency to provide up to date health and safety advice and support.

Where accidents or incidents had happened reports were completed. The provider told us they had looked at these for one person but had been unable to identify any patterns or triggers that would result in a change in their behaviour.

People living at Primrose House were encouraged and enabled to take responsible personal risks in their daily lives. Risk assessments in relation to activities, choices and behaviours were embedded into people's care plans, discussed with them and agreed with the person and other agencies where necessary. For example we saw people had assessments of their safety with regard to using the kitchen independently, making tea and coffee, and using electrical appliances. This ensured people were able to be safely independent in the home. People's personal safety in the community was assessed and one person had a clear plan on using their mobile phone to gain support from the home if they were concerned. We saw the person was reminded about taking their phone when they went out and they confirmed they had checked it was fully charged. Other agreements were in place with local services people used in case of concerns from or towards the person, and people had an understanding of 'safe places' around Ivybridge where they could go for support when out.

Where one person had a specific healthcare need we saw there was a protocol in place for staff to follow, including when to call for additional medical support in an emergency. Some people were at risk of poor health outcomes due to repetitive thoughts and a focus on foods that were not healthy for them, such as biscuits. This had led in the past to significant consumption. One person told us they wanted to lose weight and had felt healthier now they had started to do so. They had been encouraged to be more physically active. Their care plans contained clear information for staff on how to divert the person and manage risks to their health whilst still respecting their choices and having "a little of what they fancied". For example the person bought some cake into the home. Staff encouraged them to have a small piece and then keep the rest in a sealed container for another day, which they said they would do.

People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. This was on display in the home, and information had been given to people living at the home in an easy read format. One person told us if they were concerned or unhappy about something they would "Tell at Primrose, or Dove project (Day care placement) or my social worker". Staff told us they understood the service's whistle blowing process and knew how to find out how raise their concerns outside the home. One member of staff told us they had raised safeguarding concerns previously and would not hesitate to do so again if they needed to. There were no open safeguarding concerns about the service.

People received their medicines safely. One person managed their own medicines independently and staff supported them with this and regularly checked to ensure the person was safe and happy to do so. The person told us "I keep them in my bedroom and I lock them in my tin. If I have a cold I buy some medicine but I am usually fit as a fiddle". The home had a homely remedy policy although this had not yet been signed by the person's GP to confirm they were happy for the administration of simple over the counter remedies identified on the policy. These included indigestion remedies and cough linctus. Medicines came to the home in blister packs and staff had received training to give them to people safely. One person was reluctant to take some medicines that had been prescribed for them. This had been raised with the prescriber and GP and an assessment made of the person's capacity to make the decision. The home continued to work with the person to help them understand the need for the medicine to improve their health.

There were enough staff at the home to meet people's needs safely. Most people were able to go out of the home independently and follow activities of their choosing. This included for some accessing public transport, shopping and making their own meals. At times there was only one staff member available, including overnight, but for most of the time there were two staff members on duty. One person had some one to one time for specific community access and we saw this was allocated. The home had a staff rota set up on a four weekly basis. People living at the home expressed confidence in the staff. One told us "I'm very happy here. ...all the staff are lovely here". The provider told us the home did not use agency staff as it was too disruptive for people but that the staff team would provide cover for each other in the case of ill health or holidays.

Is the service effective?

Our findings

At the last inspection in February 2015 this key question was rated as good. At this inspection we found the service remained good.

People living at Primrose House told us they were happy with the home and the services and support provided to them. One person told us "If I wasn't here I'd be lost", and another said "The staff are all very good. Some of them are a bit bossy" and laughed with a staff member, then saying "They're all right really."

People were well supported by a consistent staff team who knew them well and were able to meet their needs. Most of the staff had worked in the home for many years and knew people well. We observed staff working with people throughout the inspection. We saw they were consistent and worked well as a team to help reduce people's anxiety and repetitive thoughts and actions. Staff had received some training in working with people with Autism and Asperger's, but also told us that much of their learning had come from knowing the people living at the home, understanding how they wanted to be supported and what helped keep them well. One told us "There are so many things that you might not see in these people but we will because we really know them really well." Some other training was due to be refreshed, and some information and resources were available in the home to support staff understanding and training needs. Staff told us they had not always found external training courses appropriate to meet their needs or their experience of working at Primrose House and the service was too small to organise bespoke training resources. However two staff had recently completed a National award at Level 3, reflecting their competence and skill in their working role, and another staff member had achieved counselling qualifications.

The registered provider told us that staff supervision systems were 'informal' and centred around daily meetings and handovers. These were not recorded however, which meant it was not possible to see what changes had been made or any areas of improvement needed. Staff told us they felt free to ask for support or advice at any time. Forms were available for supervision and appraisal but these had not been completed for some years. The provider told us they felt confident that staff had the skills they needed from their daily observation and meetings with them, and staff told us they felt they were well supported as a team.

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. We checked whether the service was working within the principles of the MCA.

The provider and staff had received training in the MCA, although some of this was due for refreshing, and displayed a clear understanding of its principles. Where there had been concerns over a person's capacity to make a specific decision the provider had raised the need for an assessment and the person's rights were respected. This was in line with the principles of the MCA. Staff were clear that people had the right to make unsafe or risky decisions where they had capacity, and continued to work with them to minimise risks, whilst

respecting their rights and choices.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered provider had made the appropriate DoLS applications to the local authority, and was awaiting authorisation. One person was having a DoLS application renewed, and had an Independent Mental Capacity Advocate appointed (IMCA) to support them in this process and ensure their rights were respected. Information was available in the home for reference including easy read information for people to help support their understanding of the Act if they wanted this.

People's choices regarding their meals were met and people were helped and supported to eat a balanced diet and maintain their health. We saw people preparing their own meal choices with staff support or independently and preparing packed lunches for the day if they wished. People had free access to the kitchen to prepare their own snacks and hot drinks at any time, and fruit was available in a bowl in the dining room. Where there were concerns over one person's self-imposed dietary restrictions we saw the provider had raised concerns with their GP, consultant, funding agency, and had sought advice from dietician services to support and advise the person. They continued to seek support and offer the person access to a wide variety of food choices. On the day of the inspection the main evening meal was to be chilli and rice with garlic bread. People living at the home went shopping with staff to purchase ingredients and do some food preparation. People told us they enjoyed the food and could enjoy eating what they wanted, including going out for meals and a take away 'treat' on Saturday nights.

People's health needs were met, and people were supported to maintain good health. People used local health services such as GPs and dentists independently but had support from staff if required. This included accessing well woman/well man clinics for preventative healthcare, and regular monitoring of their health condition when there were concerns. People used local leisure facilities to support and maintain their health, including swimming pools and exercise classes.

People lived in a homely and comfortable domestic environment. Primrose House comprised a terraced house with 5 bedrooms and a lounge, dining room and kitchen for communal use, with a bath or shower room on each floor. There was a small rear garden. The home is situated in the centre of Ivybridge, close to a bus stop, medical and leisure facilities. People living at the home were very much involved with the local community and were active in the area. The building was homely and comfortable. People's rooms were personalised and people told us they kept their own rooms clean.

Is the service caring?

Our findings

At the last inspection in February 2015 this key question was rated as good. At this inspection we found the service remained good.

People told us they were happy living at Primrose House and enjoyed active, independent and full lives in accordance with their wishes. People were involved in making decisions and their views, goals and aspirations were taken into account. For example one person told us their room had recently been redecorated and they had made decisions about the style of décor. Another person had wanted a television for their room. Staff had supported them to budget with their finances and purchase this. They told us they were very pleased to have the television and had new plans to save up to have a holiday. People were also supported to have relationships of their choice outside of the home, including with family or friends. Visitors were able to come to the home at any time, providing this did not cause inconvenience to others living there. The provider and staff brought their dogs into the home and we saw people enjoyed interacting with them during the inspection.

People were supported by staff who told us they aimed to provide a homely, comfortable and supportive environment for people as if they were living with a family or in their own home. We saw people who lived at the home sought out staff to spend time with, spent time out or in their rooms as they wished. People referred to 'coming home' and said "This is my home. This is where I live now and I am very happy here" when we spoke with them about Primrose House. We saw people were comfortable in the environment. During the inspection we saw one person spontaneously apologise to staff for their behaviour the previous night, where they had sworn at the staff member. The staff member said "All forgotten" and they hugged. The person smiled and left contentedly.

There was a sense of a caring community within the home, and positive relationships in evidence. We saw people joking and laughing with staff on duty, offering help, making and offering everyone cups of tea and joining in banter about their day. We saw staff supported people to develop a sense of achievement and positive self-esteem. One person returned from their day activity and staff celebrated their successes with them, including scoring goals in a football match. The person's day service diary stated that the person had "Scored two goals – he tackled the ball really well". The person said "I'm too special" and staff praised them for the improvements they had made to their lifestyle that had helped them regain fitness. The person looked delighted and proud. Another person had won awards the previous weekend at a swimming gala. They showed us the medals they had won, and previous medals on display in their room. They said they had "too many to know how to display them." Staff praised and supported them with their achievements.

Staff took an interest and pride in promoting a positive self-image for people, including supporting and encouraging people with grooming regimes and buying new clothing where people wished to do this. One person living at the home enjoyed giving staff manicures and this was enjoyed as a shared experience, fostering positive relationships. Staff spoke positively about people and expressed concern where they felt one person needed additional support but was refusing this. Their capacity to do this was respected.

People's privacy and dignity were respected. People were able to lock their rooms and bathrooms and toilets were lockable to ensure they were not disturbed. Staff knocked on people's doors and asked their permission before we were allowed to enter their rooms. This helped ensure people's private space was respected.

Is the service responsive?

Our findings

At the last inspection in February 2015 this key question was rated as good. At this inspection we found the service remained good.

People received personalised individual care and support that met their needs and wishes. People told us they were involved in making decisions about their support which were followed through. One person told us they had spent time with staff and drawn up their plan including how they wanted to be supported. They told us they liked to do things themselves, but would sit down with staff and "Tell them what I want to do." This included when they wanted to do their ironing, classes they wanted to attend and leisure activities. Staff told us it was important for people to remain as independent as possible, and understood how important it was for people to make their own choices and decisions. A person we spoke with on the inspection told us their life was "better here".

We looked at the care and support plans for three people. Plans were comprehensive, based on assessments of people's needs, and reflected positive goals for achievement, both long and short term. These helped ensure that people always had something to work towards and achieve. Plans had been regularly reviewed and covered all activities of people's lives, including communication, mental and physical health and any behavioural support people needed to manage their anxiety. We saw and people told us that they were able to follow these. Where people had behaviours that were risky or distressed plans ensured that staff used a consistent approach to support the person and reduce their anxiety. We saw this in practice throughout the day when people became focussed on particular thoughts or negative ideas. One person's plan showed that their anxiety was reduced where they had a clear plan of activity to follow. They told us they drew up their plan with staff each season, and they enjoyed doing this. We saw they were able to follow their plan independently and they told us about the activity they planned to do each day.

In addition to the care plans each person had a daily diary that detailed activities, meals taken and any other information about their day. The diaries contained numbered links to people's care plans so it was possible to track and evidence that people's care plans had been followed.

People were supported to follow activities of their choice. One person showed us photographs of activities on their tablet computer they had been involved with. This included attending parties and a local pub night where they regularly played pool with their friends. Other people shared information about sporting or leisure activities they enjoyed, and one expressed regret that a pottery class had become too expensive for them to afford. The provider was attempting to find other options to support the person's enjoyment and creativity. Most people at the home enjoyed being active, and some people enjoyed regular sessions of Aquafit, cycling, walking and swimming.

The service had received no formal complaints or concerns since the last inspection. The provider told us they felt this was because they listened to people, tailored care to meet people's needs closely and 'nipped any issues in the bud'. For example, one person had expressed a view that they did not like spicy food, so alternatives were prepared for them. We saw people giving feedback throughout the inspection, and the

provider told us that they believed people would feel free to express their views about any aspect of the service. The home had a complaints procedure available, and people had been given information about how to raise concerns in a format they could understand

Is the service well-led?

Our findings

On the last inspection in February 2015 we rated this outcome as good. On this inspection we found improvements were needed, and the service was rated as Requires Improvement.

Primrose House was a small, family run informal home. Whilst people living at the home received a good service, some governance systems were not robust. The registered provider had not established a system of governance to identify quality and risks at the service, or undertake some checks necessary to manage potential risks. We did not identify that these areas impacted directly on people's care, however there was a risk of this happening.

Whilst some management systems at the home were informal, we found they worked well for the people living there. For example the provider told us they did not have formal meetings, questionnaires or a formal system to discuss the quality of the service because the people who lived at the home did not want that. They told us they were open to receiving feedback at any time about the home, much of which was discussed informally over the dining table and at meal times. Staff shared experiences with people; they shared the same facilities, and ate their meals with people in a shared environment. This helped to foster an informal and homely feel. Staff also told us that they had handovers between shifts and that they felt information was communicated well amongst the staff team. They told us they knew people well and could tell very quickly if people were not happy about something. They told us people would not hesitate in 'speaking their mind' if they wanted something done differently.

However there was no systematic approach to collating and using information gathered or received to improve the quality of services for people or reduce risks. The registered provider told us they did not carry out any internal audits or reviews and checks of the service, for example of medicines practice, to ensure consistency and safety. This meant that systems were not in place to enable the provider to identify where quality or safety may be being compromised. For example, the registered provider had not re-assessed the risks to one person from the home's environment following a change in their health, or completed risk assessments on the premises such as for the Fire precautions. Where specific concerns were identified at the last inspection regarding recruitment practice action had been taken, but the registered provider had not taken the opportunity to review and improve their recruitment practice overall or take action to provide a system that ensured a full recruitment process was followed in future.

Policies and procedures we saw were out of date by many years and referred to legislation and standards no longer in place. This could leave people at risk as staff may not have correct information to hand to assist them or guide their practice. Policies and procedures also contained information that did not reflect the operation of the home, for example with regard to training. The policies had been reviewed annually, which told us the systems to do so were not effective in identifying when practice or legislation had changed.

The registered provider told us that they believed their failings lay with 'paperwork'. Records, other than people's care plans, were not all well maintained. For example, staff files were inconsistent and did not contain the required information.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider was in day to day charge of the home. They told us their vision was for the home to be like a family home, and a place where people could live full and happy lives. This culture was strong throughout the staff group and demonstrated through the way people living at the service were very comfortable there. Most of the staff working at the home were family members and the provider was in daily contact working with people and overseeing the home. We saw that people understood they were the person "in charge". One person told us "(Provider's name), she's the boss" and laughed.

The registered provider did not have up to date issued guidance for providers on meeting standards or regulations. The provider and staff told us they received several care journals and magazines which helped them keep aware of changes in practice with supporting people, but had few links with other local or national organisations to help share good practice.

Statutory notices had been sent in to the Care Quality Commission as required by law, to notify us of events or incidents at the home.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against risks from the premises, because risks were not always being assessed or managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance A system for assessing monitoring and improving the quality and safety of the services provided had not been established or operated effectively
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed A full staff recruitment process had not been established or operated effectively