

Primrose Community Care Homes Ltd

Primrose House

Inspection report

19 Sand Hill Court
Farnborough
Hampshire
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Tel: 01252514795

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13 May 2019
14 May 2019

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18 June 2019

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 is a residential care home. The service was providing personal care for five people at the time of inspection who were living with a learning disability or/and autism.

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

People's experience of using this service:

The service worked in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service received planned person-centred care and support that is appropriate and inclusive for them. People received a service that was safe, effective, caring, responsive and well led.

Systems were in place to keep people safe. People's needs were met by suitable numbers of staff who knew them well. People received their medicines as prescribed and were protected from the risk of infection.

People were involved in meal planning and were supported to assist with cooking. People were treated with kindness and respect and staff spoke fondly about them. People's privacy and dignity were respected, and they received personalised care which was responsive to their individual needs.

People enjoyed a range of activities which they chose to do. People had support plans in place which covered a range of information about their social histories, preferences and support needs. The provider sought feedback from people and their families to improve the service.

Rating at last inspection:

At the last inspection the service was rated Good (17 November 2016).

Why we inspected:

This was a planned inspection to check that this service remained Good.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained 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:

One inspector carried out this inspection.

Service and service type:

Primrose House is a care home for up to six people who require personal care.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of inspection there were 5 people living at the home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

Inspection activity started on 13 May 2019. We visited the office on 13 May 2019 to see the manager, people and staff, and to see care records, on 14 May we reviewed the providers policies and procedures, and other documents related to the running of the service. Following the inspection, we sought feedback from relatives and professionals through phone calls and emails.

What we did:

Before the inspection we looked at information we held about the service:

We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return (PIR). This information helps support our inspections.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

We reviewed the previous inspection report.

During the inspection:

We spoke with three family members and one professional.

We spoke with the registered manager, one senior care worker and two staff members.

We looked at the care records of three people.

We looked at four staff records, including training and recruitment records.

We looked at other records to do with the management of the service.

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:

- Staff were aware of the risk of abuse, the signs to look out for, and how to report any concerns should they have any. They were confident the provider would manage any safeguarding concerns effectively.
- The provider's systems, processes and staff training made sure people felt safe.
- Relatives and professionals we spoke with said that they felt people were safe.
- One relative told us, "Yes I feel [Loved one] is very safe and well cared for."
- One professional told us, "I have no concerns regarding people's wellbeing at Primrose House. We have worked with them for a number of years now and people always seem happy and well cared for."

Assessing risk, safety monitoring and management:

- People had risk assessments in place to manage risks, such as people's risk of falls, handling hot water when making hot drinks and road safety.
- Environmental risk assessments were carried out such as gas and fire safety checks. This was to ensure people were safe in the premises.
- We noted that although the provider had monitored water safety checks, a legionella test had not recently been carried out. The registered manager told us this would be arranged and carried out.
- We noted that, where appropriate, people had a behaviour management plan in place. This is a plan for people who may present with behaviour that may challenge. These plans were detailed and had clear instructions for staff on how to manage and de-escalate potential behaviour that may challenge.
- The provider was in the process of creating a business continuity plan to manage risks such as bad weather, or staff going sick, we discussed how these risks had been managed previously and they had been managed effectively.

Staffing and recruitment:

- There were sufficient numbers of suitable staff to support people safely according to their needs.
- The provider's recruitment process was robust, and included the necessary checks that candidates were suitable to work in the care sector.
- The provider kept the necessary records to show the required recruitment processes were followed.

Using medicines safely:

- We observed staff following procedures that were in place to make sure people received medicines safely, according to their needs and choices, and as prescribed.
- People received their medicines from trained staff who had their competency checked.
- Records relating to medicines were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

Preventing and controlling infection:

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. The provider checked the use of this equipment on spot checks and we noted throughout the inspection that staff were using these.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection.

Learning lessons when things go wrong:

- The management team reviewed all safeguarding reports to identify lessons and improvements to people's care.
- Incidents were logged and included details of the type of incident, who was involved, and any actions taken.
- Where accidents and incidents happened, the registered manager reviewed them to identify any trends or if there were any required changes needed. These were shared with staff in meetings and shift handover. One staff member told us, "At handover we share experiences and learning."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- People's care needs were assessed and comprehensive care plans were created which were individual to the person.
- Staff told us care plans contained the information they needed to support people according to their needs and preferences and contained clear instructions and reflected best practice guidance.

Staff support: induction, training, skills and experience:

- Relatives were satisfied that their care workers were properly trained.
- One relative told us, "The staff are great, they all know what they're doing and the people they support."
- Staff completed a thorough induction based on the care certificate, which 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.
- Staff completed mandatory training such as safeguarding, as well as training specific to people's individual needs, such as epilepsy and autism.
- The registered manager had an effective system to monitor that staff training and competency checks were up to date.

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

- Staff ensured people were adequately hydrated and recorded their dietary and fluid intake if people were at risk of malnutrition or dehydration.
- People were given choices of meals and if someone had a specific dietary requirement this was catered for, such as thickened fluids or soft food.
- If people were at risk of poor nutrition their care plan took into account their needs and choices around food and drink, and appropriate records were kept to check their intake.
- Staff worked with speech and language therapists and followed recommendations with regards to people's eating and drinking requirements.

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

- The service worked closely with other agencies to maximise the support people received.
- The registered manager told us they worked in partnership with district nurses, pharmacies, GP's and social workers to meet people's needs, we saw evidence of this in people's care files.
- One professional told us, "Communication is always good with the manager, people always come here [to a day project] happy, looking well and with their food."

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

- The service is a house located in a residential area.
- People's rooms were personalised, and they were able to have them decorated to their taste. People had personal belongings in the home.
- People living at Primrose House were mobile and did not require any specialist equipment.
- Where needs were identified for people, such as for walking frames, appropriate referrals had been made and adaptations put in place.

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

- People were well supported by staff who knew them and their healthcare needs well.
- People were supported to attend healthcare appointments.
- Staff were provided with information about people's medical conditions and how they impacted on them so they could support them effectively.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people lacked capacity a best interest decision was documented involving relevant parties. Discussions and decisions had been documented in people's care files.

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:

- Relatives and professionals we spoke with consistently told us the staff who cared for them were kind and caring.
- One person's relative told us, "Since moving to Primrose House [Loved one] is doing so much better. Now when [Loved one] comes to visit, she actually wants to go back home. Before she moving to Primrose House she didn't want to."
- People had developed caring relationships with their care workers.
- People's individual needs, preferences and beliefs were respected by the service and any specific requirements were catered for. For example, one person could not communicate verbally. The service had identified specifically and in detail how this person communicated and what certain eye movements or signs or noises meant for them. All staff knew how to communicate with this person and knew them well.

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

- People were actively involved in their care and support decisions as were their relatives where this was appropriate.
- The provider ensured people and their families could feedback regarding the service in a number of ways to gather people's views on the service provided.
- In addition to daily contact with care workers, people and relatives could speak with the management team at any time, they had an 'open door' policy.

Respecting and promoting people's privacy, dignity and independence:

- Relatives confirmed that people were treated with dignity, respect and that their independence was promoted.
- Staff we spoke with told us how they promote people's independence and respected their privacy and dignity. One staff member told us, "We give them choice and respect their wishes. We also encourage people to do more for themselves, like things in the community."
- We observed staff treating people with dignity and respect and encouraging them to be as independent as possible.
- People's care plans considered what people could do themselves and had specific instructions for staff regarding what people wanted from staff.

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:

- Staff planned care and support in partnership with people.
- People's needs were captured in comprehensive care plans which contained detailed information about how they wished to receive their care and support.
- The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- Where people did not communicate verbally, staff understood people's non-verbal communication such as body language. Staff's understanding had developed over time and people had started to use different ways of communicating. Pictures and symbols were also used, which were tailored to the person's needs.
- The provider encouraged and supported people to access activities both within the home and in the community. This helped reduce the risk of social isolation.
- Some people were supported to access day projects where they could do an array of activities such as arts and crafts and cooking. Other people regularly went shopping, to the cinema or swimming.
- The service worked in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

Improving care quality in response to complaints or concerns:

- The provider had systems in place to log, respond to, follow up and close complaints.
- There had not been any complaints since our last inspection, the registered manager told us this was due to the 'open door' policy so any concerns are dealt with prior to it becoming a complaint.
- People's relatives told us how they felt able to speak with the registered manager about any concerns they may have.
- People's relatives told us they were aware they could complain but had not needed to. One relative told us, "I've never had to complain about anything. I know if I needed to it would be dealt with well. [registered managers name] is always at the end of the phone."

End of life care and support:

- The provider was not currently supporting anyone at the end of their life.
- Where the provider had supported people at the end of their life, they worked closely with the persons GP and hospital to give maximum support.
- People's families were given emotional support during and after their loved one's final days.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- There were robust management systems in place to promote person-centred care.
- The registered manager worked together with the staff team to deliver high quality care.
- There was a good culture within the staff team, and staff worked in line with the providers values.
- Our feedback and the feedback the provider had sought from people and relatives showed that people were satisfied with the care and support they received.
- The provider was aware of their responsibility to be open in communications with people and others involved in their care.
- One relative told us, "[Registered manager] gives us updates all the time, a text or call, it's great."

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

- The provider had systems and processes in place to monitor the quality of the service.
- There were regular quality checks on care files, daily logs, medicines records, staff files and other records.
- Spot checks and competency checks were carried out on staff to monitor the quality of the care being given.

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

- In addition to day-to-day contact with people who used the service, questionnaires were given to people in the format of pictures to say how they felt about the service.
- Relatives and professionals were asked to give feedback. One person's relative wrote, "As parents, we are extremely happy with Primrose House, our [Loved one] is happy and well looked after by staff who really care."
- The management team had an "open door" policy and regular team meetings and supervisions to engage with staff and give staff the opportunity to feedback.

Continuous learning and improving care:

- The registered manager had a service improvement plan.
- Actions in the plan came from audits, quality assurance processes and feedback.
- Open actions had a target completion date and identified the staff member responsible for them.

Working in partnership with others:

- There was a good working relationship with the local authority.
- The provider worked in partnership with other agencies such as speech and language therapists, GP's, pharmacies, day centres and specialist healthcare providers such as mental health services.