

Surrey and Borders Partnership NHS Foundation Trust

Jasmine at Primrose

Inspection report

Primrose 2, The Meadows
Horton Lane
Epsom
Surrey
KT19 8PB

Website: www.sapb.nhs.uk

Date of inspection visit:
10 April 2017

Date of publication:
05 May 2017

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

Jasmine at Primrose is a short-term respite service for up to a maximum of six adults with a learning disability and specialist health needs, such as epilepsy, autism or a sensory impairment. This was an unannounced inspection that took place on 10 and 12 April 2017.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have 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 assisted us during our inspection.

There were sufficient staff deployed in the service and staff worked flexibly to meet people's needs. Prior to starting work at the service recruitment checks were completed to help ensure only suitable staff were employed. Training was provided which staff told us gave them confidence in their role. Regular supervision was provided to staff to monitor their performance and staff appraisals were completed annually.

People were protected from the risk of harm as systems were in place to keep them safe. Risk assessments were completed which identified control measures to mitigate the risks. Accidents and incidents were monitored and action taken to keep people safe. Staff had a clear understanding of how to safeguard people and knew what steps they should take if they suspected abuse. Each person had a personal evacuation plan in the event of an emergency.

Medicines were managed well and records showed that people received their medicines in accordance with prescription guidance. Where people's health needs changed staff involved appropriate professionals. People were supported to have a nutritious diet and were able to make choices regarding what they had to eat and drink. People's legal rights were protected. Capacity assessments were completed and where best interest decisions were made relevant people were involved in the decision.

People were supported by staff who showed kindness and care. Their dignity and privacy was respected by staff and people were able to choose where they spent their time. Staff had a good understanding of people's communication needs. People were supported to maintain their independence and could make their own decisions.

Each person had an individualised support plan in place which detailed their needs and preferences. These were updated and reviewed each time a person used the service. Staff were knowledgeable about people's needs and we observed people's likes and dislikes were respected. People were able to access their preferred or regular activity when staying at the service and families were encouraged to meet with the staff and made to feel welcome.

Feedback on the quality of the service provided was obtained from people's relatives. A complaints policy

was in place and relatives told us they were confident if they were unhappy about anything it would be addressed.

Relatives and staff told us they felt the service was well-led and that the registered manager was approachable. Regular audits of the service were completed to monitor the quality of the service provided. Action was taken to address any concerns identified.

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.

Risks to people's safety were assessed and managed. In the event of an emergency people's care would continue with the least disruption possible.

Arrangements were in place to help safeguard people from abuse.

There were sufficient staff available to meet people's needs and staff went through a recruitment process before starting work at the service.

Safe medicines systems were in place.

Is the service effective?

Good ●

The service was effective.

Staff had access to training and supervision to support them in their role.

People had a range of foods they could choose from.

Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness.

People's privacy, dignity and independence were protected.

People were supported to maintain relationships.

Is the service responsive?

Good ●

The service was responsive.

People were supported to continue to access their regular activities or participate in new activities whilst living at the service.

Care records were person-centred and contained detailed information to guide staff on the care and support people required.

Procedures were in place for dealing with complaints about the service.

Is the service well-led?

The service was well-led.

People and relatives were involved in the service.

The provider had systems in place to monitor the quality of the service.

There was a clear management structure in place. Staff told us they felt supported by the registered manager.

Good ●

Jasmine at Primrose

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.

This inspection took place on 10 and 12 April 2017 and was unannounced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We had asked the provider to complete a Provider Information Return (PIR) prior to the inspection. A PIR 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. We reviewed the PIR and did not note any areas of concern.

As most people using Jasmine at Primrose were unable to tell us about their experience, we carried out observations of the care and support provided to them by staff. During the inspection we spoke with the registered manager, three staff members, a senior manager and three relatives. Following the inspection we received feedback from two health and social care professionals.

We reviewed a range of documents about people's care and how the home was managed. We looked at four care plans, medication administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits that had been completed.

The service was last inspected on 16 March 2016 where we identified a breach of Regulation 18 – supporting staff. We had no concerns about staff support at this inspection.

Is the service safe?

Our findings

Relatives told us they felt their family members were safe whilst living at Jasmine at Primrose. One relative said, "We write down everything since their last visit here and staff take it all on board. We feel he is in safe hands and we can relax."

At our inspection in March 2016 we found there were insufficient staff working at the service to meet people's needs. We found at this inspection things had improved.

There were enough staff on duty to meet people's needs. Staff had time to sit and engage with people and to support them to access their preferred activities. The registered manager told us the staff team worked flexibly and where additional staffing was required for people to access the community this was provided. Staff told us since our last inspection a staffing matrix had been implemented to help ensure there was always a member of staff available if other staff were attending to people's personal care. We reviewed the matrix and saw that it identified the number of staff each person required and the rotas confirmed that this was followed. This was confirmed by staff who told us they felt there were enough staff on duty and said that staffing levels were adjusted depending on the needs of the people using the facility at any one time. One staff member told us, "Since the matrix has been in place we now have enough staff. We can do activities and spend time with people. It's definitely better than before." A relative told us, "There is always plenty of staff on duty."

People were protected against the risks of potential abuse. Staff had been provided with training on how to recognise abuse and were able to demonstrate their learning of the different categories of abuse, signs to look for and reporting procedures. Information posters were displayed in the hall and office, with contact numbers for reporting concerns. Staff were able to list some examples of what would constitute abuse and told us they would have no hesitation in reporting. One staff member told us, "If I noticed any bruising or changes in people's mood or behaviour I would report it straight away. We are trained in whistle-blowing and always discuss safeguarding in supervision." We noted that safeguarding was a standard agenda item in staff supervisions. A relative said, "We would know if he was unhappy here. We could tell by his behaviour."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Records contained individual risk assessments which took into account people's needs and provided staff with guidance on how to support the person to stay safe. These included moving and handling, behaviour and bathing. One person suffered from epilepsy and there was a risk assessment in place to inform staff they must be supervised at all times when in the bath in the event they suffered a seizure. Other people were on more than one medicine and this had been taken into account when assessing their risk of falls. Further control measures in order to keep people safe were included in their care plans. Accidents and incidents were recorded on a central log and were reviewed by the registered manager. Each accident/incident had a reflection and action comment which demonstrated staff tried to learn from these in order to prevent further occurrences.

Safe medicines management systems were in place and people received their medicines in line with their

prescriptions. Each person had a Medicines Administration Record (MAR) which contained a photograph, known allergies and details of how they preferred to take their medicines. Medicines were stored in locked cabinets and MAR charts were signed following the administration of medicines and no gaps in recording were seen. Where people were prescribed PRN (as required) medicines guidelines were available to ensure these were administered appropriately. A relative told us, "If there's any change in medicines it's updated here." Another said, "He is on a big meds regime and they've (staff) coped. We have no worries he doesn't get them (his medicines). They are very strict at making sure the medicines chart is up to date."

Staff had completed fire training and personal emergency evacuation plans were in place to guide staff and emergency services on the support people would require to exit the building in the event of an emergency. A contingency plan was available to ensure that people would continue to receive care should the building not be useable.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Application forms and interview records were completed and references were obtained from previous employers. Disclosure and Barring Service (DBS) checks were completed for all staff. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with people who use this type of service.

Is the service effective?

Our findings

Relatives told us they believed that staff had the skills to support people well. One relative told us, "Hand on heart, never had a problem. All of them (staff) are absolutely brilliant."

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. The training matrix held by the registered manager showed that staff had completed 90% of their required training and where training was overdue courses had already been booked. Where specialist training, such as diabetes or catheter care was required, this was delivered by the Trust. The service had recruited a specialist nurse who would start to provide clinical training to staff and all staff had recently completed the three-day first aid certificate and behaviour supporting training. A staff member told us the training was good and they were required to complete regular refreshers. Another staff member said, "The training is good and it's relevant." For example, staff told us they had received PEG feeding in order to support people who required feeding through a tube.

Staff new to the service underwent an induction programme. Since our last inspection the registered manager had introduced an induction checklist. A staff member told us, "The induction is better because of the new checklist. We now know that everything is covered. Staff always shadow to get used to everyone (that is being supported)."

Staff received regular supervision which covered updates, responsibilities, activities, specific tasks and general discussions about their role. All supervisions reviewed had been completed comprehensively. A staff member told us, "I have regular supervision. We mainly talk about the service and how things are going. It's useful as it gives us a chance to have our say and (seniors) will take things forward if required."

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 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).

Staff were aware of the principles of the MCA. One told us, "Always assume capacity, maximise opportunities for them to make a decision, think about least restrictive option. Best interest meetings should involve the individual, parents, manager, keyworker and anyone else involved."

People's rights were protected as on the whole staff were acting in line with the principles of the MCA. Capacity assessments had been completed with regards to specific decisions including managing medicines, bed rails and consent to care. However, we did not always find best interest (BI) decisions had been completed where required. One person had an MCA in place for consent to care, but only a BI decision for medication. Another person had a MCA in place for bed rails, but only a BI decision for consent. We spoke

with the registered manager regarding the discrepancies who told us the MCA/BI form was newly introduced as they had recognised that people's capacity was not being fully assessed in line with legislation. They told us, "We've made sure that everyone has at least one MCA in place and are in the process of completing the others." The registered manager was able to evidence a request they had sent to head office with suggested working for a revised form which included an assessment of the least restrictive options.

People's nutritional needs were monitored and individual care plans were in place regarding eating and drinking. Care plans contained some details of people's needs and preferences and staff were able to give us up to date information on people's requirements. Such as if they required a soft or pureed diet. One person had clear instructions in their care plan around their eating requirements. It stated, 'food chopped to smaller pieces, encourage to chew and observe as can overload themselves with food'. One staff member told us, "We have a pictorial menu but individuals can choose something different if they prefer or if they have allergies." We noted in one person's care plan that they had refused their meal on a couple of recent occasions and saw that staff had written that alternatives had been offered. A relative told us, "They (staff) give him the food he likes."

People were supported with their healthcare needs. People's health conditions were recorded in the care files. Where people had specific conditions such as epilepsy or required catheter care there were detailed guidelines in place for staff to follow. One person had an epilepsy care plan which contained a description of the presentation of seizures, how to support them and timescales for calling emergency services. It also reminded staff on how to record a seizure. Records demonstrated staff had followed this guidance. Care passports were in place for people which contained information should a person have to go into hospital. A staff member told us that although they did not directly support most people to attend health appointments, they would do so if required. They said, "Some professionals visit for certain people to give staff guidance, like the Speech and Language Therapy team, dieticians and physio's. Some parents prefer to come here for appointments. I can understand they get fed-up with different professionals being in and out of their home so we accommodate them here." A relative told us, "On one occasion he was unwell here and staff picked up on it straight away and telephoned us."

Is the service caring?

Our findings

People and relatives told us they felt the staff were caring and people appeared comfortable in the company of staff. One relative told us, "It's absolutely brilliant. He is happy coming in here. We couldn't think of anywhere better."

Staff interacted with people in a kind and caring manner. A staff member introduced us to one person. They did so politely and told us of the things they enjoyed to do, which made the person smile. All staff entering the room said hello to the person and spent time sitting with them.

People had close relationships with staff. We observed the interaction between one staff member and a person and saw a real bond between the two of them. The person was displaying affection towards the staff member and smiling and in return the member of staff was rubbing the person's head and neck. The member of staff told us this person liked to be sung to and we heard the member of staff sing along to the radio after dinner which the person clearly enjoyed.

Staff were familiar with people's individual communication and behaviours. We observed staff spent time with people and saw that they recognised people's individual ways of communicating with them, from their hand gestures to vocal expression. One person was visiting the service on the second day of our inspection and staff encouraged them to access all areas of the home unrestricted whilst they settled in. When this person went up to the patio doors staff opened them so they could go outside. Staff were mindful of the person, but did not invade their space whilst they explored and got used to the place. A staff member was aware of one person whose behaviours may be unpredictable and as they accompanied the person to the bathroom, they placed themselves between the person and us in order to help prevent any sudden reactions.

People were encouraged in their independent living skills. We observed people being supported to have their dinner and saw that staff assisted one person with putting their food onto a spoon, but allowed them to hold the spoon themselves to eat. Another person was encouraged to choose which desert they wished by looking at pictures and a third had been provided with a plate guard in order that they could eat independently.

People were treated with respect. Staff spoke to people in a respectful way, addressing them by their first name. Staff chatted amongst themselves but regularly directed the conversation in order to include people in it. When we arrived on our second day people were having the dinner and staff introduced us to each person in turn. Staff showed respect when carrying out personal care with people. A staff member told us, "I'd knock on the door and close it behind me. I'd explain everything to the individual to check they're happy and give them time to respond. There are black-out blinds at the windows for privacy and I'd give people their space to do things themselves if possible." A professional told us they had only ever seen staff treat people with respect and care and that they were always ready to engage with people.

Staff respected people's choice to spend time in their rooms or in communal areas. We saw people sitting in

the communal lounge area or accessing the sensory room. A relative told us, "He has a full week and sometimes he likes to just chill out on his bed and staff respect this and let him."

People lived in a homely and personalised atmosphere when they lived at Jasmine at Primrose. We observed staff had started to make rooms more homely and personalised. One person liked Star Wars and another animals and as they generally used the same room each time they stayed pictures depicting their preferences had been displayed in rooms.

Families were made to feel welcomed into the service. We saw relatives visited the service to collect belongings and spent time with staff. We observed the registered manager and staff greeting relatives warmly and heard them giving an overview of what their family members had been doing over the weekend. There was a friendly, positive atmosphere in the home. A relative said, "We can drop in at any time, they (staff) don't mind. They're very friendly."

Is the service responsive?

Our findings

People were supported to maintain their hobbies and interests and had access to a range of activities. People had individual programmes at a number of different day services during the week which they continued to attend when living at Jasmine at Primrose. Activities in the evenings and weekends were varied and included attending different social clubs, day trips, shopping and eating out. One staff member said, "There's been improvements because there's more staff and particularly because we have more drivers we can get out more." A relative told us, "They (staff) look at the person and do things they like." They said their family member liked music and staff supported them to go to a disco.

People could engage in a range of activities when at the home. Some people liked films and a cinema screen had been installed in the main lounge area and staff organised film nights. A second TV was going to be installed in the smaller lounge where people could go if they wished to watch something in a quieter setting. One person particularly enjoyed sport and as a result of relative's suggestions Wi-Fi had been installed at the service, so this person and others could use their own personal tablets to access their favourite programmes. There was a well-equipped sensory room which we saw one person using on the first day of our inspection and in addition a range of arts and crafts and games. Activity boxes had just introduced which parents were going to be invited to fill with things their family member enjoyed. Relatives told us they had welcomed this new initiative.

People were supported by staff who knew them well and responded to their needs. One person's needs had increased recently due to health concerns. Their relative told us as a result they now required an oxygen mask to protect them from risk whilst sleeping. The relative said staff had, "The staff have just got on with it without any problem."

Prior to people using the service, the registered manager would carry out a full assessment to help ensure Jasmine at Primrose was able to meet the needs of the person. Following this the person was invited to a tea/afternoon or overnight visit with a family member. These visits continued until such time that the person felt comfortable in the home. Once the person decided they would like to continue to stay at Jasmine at Primrose their care plan was developed based on the initial assessments and further information gleaned from their introductory visits. A social care professional told us that families reported they are able to book the respite as and when needed and are kept informed of any changes in condition.

People's stay at Jasmine at Primrose was booked in advance and staff told us that on the evening before someone was due to arrive, they would telephone their family member to obtain any updates or changes in the person since their last visit. This information was used to complete a pre-admission form. Further information was included on the form once the person moved in and upon going home a 'discharge' summary was written by staff and a copy was given to the person's parent. This helped ensure that staff had sufficient information on a person and anything of note was fed back to the person's family member. A professional told us that if their relative had to go into Jasmine they would be very comfortable that they would receive good all round care.

People's care plans were detailed and regularly reviewed to ensure staff had access to the most up to date information relating to people's needs. Plans clearly recorded people's likes, dislikes and preferences. Plans covered all aspects of people's lives including, communication, eating and drinking, mobility, leisure and spiritual needs. One person had a specific night time routine which was clearly important to them and there was detailed guidance for staff to be followed around this. Another person had diabetes and there was clear information for staff on how often their blood sugar levels should be checked and the signs to recognise if they fell below a certain level. This person's relative told us, "They (staff) know exactly what is happening." Relatives told us they were fully involved in their family members care plans. One told us, "We sit down together and go through the care plan. We're involved."

There was a complaints policy in place. We noted the service had not received any direct complaints during the past year. A staff member told us, "If I received a complaint I would sit and talk with them (the complainant) to get an idea of what the concern was and then refer it to the manager or senior and record it. I'd reassure the person that someone would get back to them." A relative said, "If we were unhappy we could speak to staff."

Is the service well-led?

Our findings

Relatives told us they felt the service was well-managed. One relative said, "It's excellent what he's done here." Another told us, "He is always very interested."

At our inspection in March 2016 we found that as the registered manager was managing two services it was having an impact on his overall management oversight of Jasmine at Primrose and how supported staff felt. We found at this inspection that things had improved. The registered manager was now only managing this service and staff told us this had resulted in a positive impact on the staff team and how supported they felt.

The registered manager told us, "I've been managing the one service since May last year, after your visit. I know people much better and staff have said that it's positive I'm here all the time." He added, "It's been a good positive year." This was confirmed by staff. One told us, "It's had a positive impact on the staff with (the registered manager) being here full-time in terms of managing things. He's got to know people and families. Having a figure head has been good for staff morale; we work closer as a team now." Another said, "Having the manager here is an extra pair of hands. It's good he can focus his time on one service." A third told us, "It's better now he's here all the time. We have a back-up and everyone is getting on."

Staff told us things had improved since our last inspection. One staff member told us, "Things have improved overall since the last visit. It's a lot more positive and people like all the changes that have been made to the environment." Another said, "The staff team have improved (since last time)." A social care professional told us, "From my meetings with the manager and discussions based on the care plans they are meeting the needs of individuals as required and I do not have any concerns about this service."

Staff were involved in the running of the service as regular staff meetings were held. A staff member told us they were able to make suggestions at team meetings and in supervisions. They told us, "Staff had suggested getting the activity boxes and that's happening now. We have a pictorial menu but one staff has suggested the photo's need to be bigger and this is being done. Staff are involved in organising the garden and the pictures in all the rooms to make it less bland for people." We noted from staff meeting minutes that the registered manager took the opportunity to discuss CQCs findings at other Trust locations and how they could transfer the learning from these to Jasmine at Primrose. Other topics discussed were training, the environment, staffing and individuals who use the service.

People and their relatives had opportunities to give feedback on the service provided. The registered manager told us that relatives had discussed the layout of the building and agreed that the small lounge be moved nearer to the main lounge area as it was seldom used where it was previously located. We saw this had been done. The registered manager had introduced a parent 'drop in' session. The first of which was on our first day of inspection. A relative told us, "We get on with (the registered manager) really well. We all work together. As a result they're (staff) personalising the rooms which is great." Another relative said, "They do listen. If there is anything and they can do it, they will."

Regular audits were completed to monitor and improve the quality of the service provided. A general audit

was carried out in October 2016. This covered all aspects of the service from the environment and records, to food and activities. We noted it reported hand hygiene audits were completed, risk assessments for the building carried out and reviews of care plans were done.

The Trust carried out a regular audit of the service and a mock CQC inspection had been undertaken. We saw from both reports that these covered all aspects of the service and actions and recommendations made had been reviewed by the registered manager.

Where feedback had been given to the registered manager action had been taken. The local authority had carried out a quality visit and highlighted some areas of recommendation. We saw that the registered manager had responded positively to this visit and adopted many of their recommendations. This included reorganising the notice board for people to help ensure information was at a suitable level, particularly for those using a wheelchair, providing information for families and creating a more homely feel to the bedrooms. We also read they had recommended removing the viewing panels in bedrooms doors and saw the registered manager had already been in discussion with maintenance about this.

Records were stored securely and in an organised manner which provided staff with quick access to information. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The provider notified CQC of significant events that happened in the service. This meant we were able to check that the provider took appropriate action when necessary.