

Primroses Care Limited

Primroses Home

Inspection report

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Essex
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

About the service

Primroses Home is a care home registered to accommodate and support up to 3 people with learning disabilities, autistic people and people with mental health needs. At the time of the inspection, 3 people were living at the home. People living in the home had their own bedrooms and there were shared communal spaces, including lounges, a kitchen and a garden area.

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

The provider did not ensure they had robust systems in place to manage medicines. We saw 2 people were prescribed medicines on a when required basis (PRN). There not appropriate protocols in place to advise staff on what circumstances and how to give these medicines. This meant staff did not have the information to tell them when someone may need the medicine or how much to give. The provider's quality assurance systems had failed to identify the issues we found in respect of medicines management.

Following the inspection, the provider sent us evidence to indicate they had made changes to improve medicines management.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the home supported this practice. Staff were committed to supporting people in line with their preferences and supported people to receive their medicines safely and as prescribed.

People were supported to access healthcare services to promote their wellbeing and help them to live healthy lives. Staff managed risks to minimise restrictions, focusing on what people could do for themselves.

The home had effective infection, prevention and control measures to keep people safe, including good arrangements for keeping the premises clean and hygienic.

Right Care:

People received person centred care. Staff understood how to protect people from poor care and abuse. Staff had received training on how to recognise and report abuse and they knew how to apply it. People's care, treatment and support plans reflected their range of needs and staff knew people's needs well.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Safe recruitment processes were followed. People received their medicines as prescribed. People were able to express their views and make decisions about their care. Staff ensured people's privacy and dignity was respected and their independence promoted.

Right Culture:

There was a positive culture at the service and people benefited from being supported by happy staff which was reflected in the atmosphere at the service. The management team worked directly with people and led by example. Staff told us they enjoyed their job and making a positive difference to someone's life.

Learning from incidents and concerns was used to improve staff practice in caring and supporting people. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

The last rating for this service was good (published 25 July 2018).

Why we inspected

This was a planned inspection based on when the home was previously inspected.

This was a focused inspection and the report only covers our findings in relation to the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this inspection to assess that the service is applying the principles of right support right care, right culture.

The overall rating for this service has now changed from good to requires improvement. We have made a recommendation to follow best practice guidance around quality assurance.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Primroses Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Primroses Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority who work with the service. We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

We used information gathered as part of monitoring activity that took place on 22 June 2023 to help plan the inspection and inform our judgements.

During the inspection

We reviewed a range of records. This included 2 people's care records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We reviewed multiple medicine administration records. We spoke with 3 members of staff including the registered manager, deputy manager and a support worker. We also spoke with 1 relative by telephone about their experience of the care provided.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always being managed in a safe way.
- We looked at the MAR records which showed that 2 people were prescribed PRN medicines such as inhaler, paracetamol and laxatives. However, there were no written guidance in place. This meant staff did not have the information to tell them when someone may need the medicine or how much to give, which meant the medicine may not be administered safely.
- We also looked at the provider PRN medicine policy, which was not being followed. The medicine policy stated, 'the provider PRN medicine policy said 'the 'when required' medicine PRN mentioned a specific plan for administering this 'when required' must be documented in the medication care records.' We found that the provider had failed to follow and implement their own policy.

The registered manager responded immediately during and after the inspection. They sent us of evidence of on-going changes which had been made to improve the quality and safety of care for people.

- Locked cabinets were in place and all medicines and records were safely stored. Temperature checks were carried out to ensure medicines were stored at the correct temperature.
- One relative told us staff supported their family member take their medicines as prescribed and they were happy with the arrangements.□
- Staff had received up to date medicines training. They were able to explain the process of safely administering medicines.
- The service ensured that people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP. STOMP stands for "Stopping over Medication of people with a learning disability, autism or both" and is a national project seeking to improve people's quality of life.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from risk of abuse.
- Staff knew how to recognise and respond to potential sign of abuse and were aware of local safeguarding procedures. One staff member told us, "If I see an abuse, I would move the person away, contact my manager and report the incident to them."
- There had been no safeguarding concerns at the service. However, the registered manager was able to show us how they would be recorded appropriately and how they would inform the local authority, and families where appropriate. They would also notify Care Quality Commission (CQC) when this occurred as

they know this was their statutory responsibility to do so. The deputy manager told us, "We would let the management team know straight away, let CQC, local authority safeguarding team, or the police."

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- People's care plans contained risk assessments. Risk assessments contained information about risks to people, and there were actions to help mitigate risks. Risk assessments covered different areas of people's lives. We saw risk assessments for people's medicines, their mental health and their safety as well as others.
- Regular checks were made to the premises. This included maintenance checks and assessments on fire systems, gas and water to ensure these were safe for use. This meant the provider had systems in place to keep people safe.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- Staff had received training about the MCA and understood how to support people in line with the principles of the Act.
- People were supported in line with the principles of the MCA. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.

Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.
- The provider's recruitment, assessment and induction training processes promoted safety and the culture and values of the service. The provider carried out robust checks on new staff before they started work. This included carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- During the inspection we observed there were enough staff working to meet people's needs. There was a system in place to ensure if staff were unable to work, cover would be arranged. One staff member told us, "Yes we have enough staff."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The management team completed regular PPE and infection control audits to ensure safe practices were being followed.
- The home had appointed a staff to be a champion of infection control. The champion ensured that an enhanced cleaning programme was followed. This included frequently cleaning high contact points such as door handles, handrails, and work surfaces. This reduced the risk of bacteria and viruses spreading. Other staff followed good food safety practices to keep people safe.

Visiting in care homes

- The registered manager demonstrated they had followed the government guidance on visiting arrangements. Friends and family were able to visit the home with no restrictions. This allowed people to stay in contact with their relatives during the COVID-19 pandemic.

Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents. The registered manager reviewed the records to identify any action needed to prevent a potential recurrence.
- Accidents and incidents were discussed with staff so lessons were learnt.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Quality assurance systems were not sufficiently robust to identify all concerns. The service sought to continuously learn and improve care, however quality assurance at the service had not identified the issues we found with medicines management at the service. This meant their systems were not robust.
- We identified medicine administration audit were not effective and records of what had been audited were not routinely kept by the service. This showed the provider had not adequately assessed, monitored and improved the quality and safety of the service provided.
- We also looked at the provider PRN medicine policy, which was not being followed. The medicine policy stated, 'the provider PRN medicine policy said 'the 'when required' medicine PRN mentioned a specific plan for administering this 'when required' must be documented in the medication care records.' We found that the provider had failed to follow and implement their own policy.
- The service did respond to our findings with a number of measures, including bolstering already existing quality assurance measures, though the quality assurance failed to identify issues we found during this inspection.

We recommend following best practice guidance on quality assurance and review of all existing systems.

- There were quality assurance systems in place to monitor both the care and safety of people in the home. With the exception of medicine management, these systems identified shortfalls so the provider could make improvements where possible.
- The registered manager showed they were open to learning and improving the service, though the provider needed to strengthen the systems in place to drive improvements.

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

- The registered manager and staff promoted a positive culture in the home. One relative told us, "[Family member] gets on well with all the staff who are friendly. They look happy there."
- The provider promoted a positive and open culture. Staff spoke positively about the management team and the provider. One staff member said, "As for me in Primroses Home we learn from our manager and the team, they are very supportive. If I make a mistake, they will help me to learn from this."
- Staff at the service understood what person-centred care was and sought the best outcomes for people. Care plans were person-centred, and staff worked to meet individual needs, in line with people's preferences and the provider's policies.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood duty of candour and was open and honest when things went wrong. Responses to complaints and actions from incidents highlighted the registered manager's transparency. Apologies were made when the provider had been found to be at fault and there was recognition the service always wanted to do better.

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

- Staff were clear about their roles. Staff had job descriptions for their job roles so knew what was required. Staff knew they were required to report concerns and knew to report these concerns to the registered manager.
- The registered manager understood risks to people and the regulatory requirements for the service. They notified the CQC when required and informed local authorities of any adverse events if and when they occurred.

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

- The provider sought feedback to improve the service. People, relatives and staff were asked to complete a survey to enable the provider to learn from feedback and find ways to continuously develop the service.
- The registered manager ensured equality and diversity matters were explored. People's care records noted their responses to questions regarding their gender, sexuality, religion, ethnicity and nationality and any needs arising from people's responses.
- Staff received regular supervision and there were staff meetings which covered priorities such as training, activities, annual leave and safeguarding.

Working in partnership with others

- The provider, registered manager and staff worked in partnership with other health professionals to achieve positive outcomes for people. People's care records showed involvement and guidance from other agencies such as GPs, speech and language therapists and pharmacy.