

Wellington Support Limited

Primrose House

Inspection report

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Date of inspection visit:
19 December 2022

Date of publication:
12 January 2023

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 providing personal and nursing care to up to 2 people. The service provides support to younger adults and older people with mental health needs. The house was divided into two flats. At the time of our inspection there were 2 people living at the home.

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

People were cared for safely. Risks to people's health and wellbeing had been identified and plans were in place to mitigate risk. Staff had been recruited safely and knew how to protect people from harm or abuse. There were enough staff to meet people's needs and people received their medicines safely.

People's needs were assessed before they came to live at Primrose house and people were involved in planning the care and support, they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who were well trained and skilled to deliver the support they needed. Staff had regular supervision and were encouraged to develop their knowledge and skills. Staff supported people to eat a healthy diet and access other health professionals when needed.

Staff were kind and caring and were passionate about delivering good care and support to people. People were supported to speak up for themselves and their privacy and dignity were respected. People said there was nothing that was too much trouble for staff.

People felt listened to and knew how to make a complaint if they needed to. Their independence was encouraged and staff supported people, when needed, with activities they liked to pursue. Staff knew people well.

There were effective systems in place to monitor the quality and standard of the service. People and staff were asked regularly for their feedback which was used to develop the service. The registered manager was passionate about ensuring people were at the heart of everything they did. Staff felt appreciated and were consistently positive about the management of the service. Staff were supported within their roles and the registered manager supported staff with their wellbeing. Staff told us they enjoyed working at Primrose House and felt respected at work.

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

Rating at last inspection

This service was registered with us on 16 September 2021 and this is the first inspection.

The last rating for the service under the previous provider was good (published 14 January 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was 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. 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

The inspection was undertaken by 1 inspector.

Service and service type

Primrose House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Primrose House is a care home without nursing care. 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

This inspection was announced. We gave at least 48 hours' notice of this inspection to ensure the people using the service were not distressed by an inspector visiting.

What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider

information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service about their experience of the care provided. We spoke with 4 members of staff including the registered manager, clinical lead and care workers. We reviewed a range of records. This included 1 person's care record and medication 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.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe; there were up to date procedures and information available to support them.
- People told us they felt safe with the staff who supported them.
- The registered manager understood their responsibilities to keep people safe and knew to notify the relevant authorities if any safeguarding issues arose.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified and plans were in place to mitigate the risk. This meant people lived safely and free from unwarranted restrictions.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency.
- People's environment was kept safe; health and safety checks were regularly completed.

Staffing and recruitment

- There were enough suitably qualified, experienced and skilled staff to provide people with safe care and support.
- People told us they were happy with the staff who came to support them. One said, "Some of the staff have been here a long time, they treat us well, we're all very happy here."
- People were safeguarded against the risk of being supported by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work for the service.

Using medicines safely

- People's medicines were managed safely. Staff received training in administration of medicines and checks were in place to ensure medicines were being administered as prescribed.
- People's ability to manage their own medicines had been assessed. Guidance for staff was in place to support people safely should they need it.
- People were happy with the medicines support they received.

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.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- Staff and people received regular debriefs after any incidents or accidents to prevent reoccurrence and to ensure lessons were learnt and information was shared.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 needs in relation to their physical and mental health were assessed before they moved into the service.
- People had care and support plans that were personalised, holistic, strength-based and reflected their needs and aspirations. Care plans had evidence of people's goals and how these were going to be met.
- People were fully involved in planning and reviewing the care and support they needed. One person said, "No decisions are made without my involvement, I'm always involved with care planning."

Staff support: induction, training, skills and experience

- People were supported by staff who had received training appropriate to their roles and responsibilities. One person said, "Staff training is good here, oh gosh yes, they know what they are doing."
- All staff completed an induction which included full training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities. Staff received regular supervisions and annual appraisals. One staff member said, "We have lots of training and supervision, you are supported to progress."

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

- People lived in their own flat so could eat at any time they wished. They purchased and prepared their own food.
- People were supported if they were too unwell to support themselves. One person said, "Staff have helped me with shopping and check I have drinks and snacks available."
- People were able to eat and drink in line with their cultural preferences and beliefs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services. Staff recorded and followed any advice given.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff worked well with other services and professionals to prevent readmission or admission to hospital.
- Staff from different disciplines worked together as a team to benefit people. They supported each other to

make sure people had no gaps in their care.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's needs.
- People personalised their rooms and were able to bring their own furniture if they wished. One person said, "It is so nice to have my own place."

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 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 MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support. People told us staff always asked consent and supported them to make their own choices and decisions. One person told us, "They [staff] are always checking out with consent."
- People were consulted and included in the decisions about the use of surveillance which monitored the external areas of the building.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, caring and very understanding of their needs. One person said, "Last year was very hard for me, the staff were very understanding, they are the very best, nothing is too much trouble."
- People's care plans contained information about the person including their likes and dislikes, and religious beliefs. All staff received training in equality and diversity and were supported by a detailed policy.
- Staff knew people and interacted well with them. One staff member said, "Some people need more care, others are more independent but need reassurance."

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

- People told us they were able to express their views and felt they would be listened to. One person said, "[Registered manager] has a clinic each week here which we can go along to, it's great to stop you stewing over things, she helps to sort things out with you."
- People had staff allocated to them as their keyworker. This meant they had someone who gave them more time to talk through things and support them.
- No one being supported currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the registered manager told us they would support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful, treated each person with dignity and always maintained confidentiality. One person told us, "Confidentiality is very important, staff keep my confidentiality and always ask me what information they can share with my family."
- Staff respected people's privacy. Staff knocked on doors and sought permission before they entered people's flats.
- People were supported to have freedom and take positive risks if appropriate. They were supported to maintain their independence. For example, people went food shopping and took themselves to the Theatre.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service met the needs of people using the service, including those with needs related to protected characteristics.
- People's care was personalised. People told us they felt staff were responsive and support was tailored to their individual needs.
- People, their relatives where appropriate, and other health professionals had been involved in creating and updating people's care plans. Care plans were regularly reviewed to ensure staff had all the information required to offer care and support specific to the person's needs and wishes.
- People said staff would always chat with them and people felt they were respected.
- People were supported with their sexual orientation/ religious/ ethnic/ gender identity without feeling discriminated against.
- People were supported to understand their rights and explore meaningful relationships.
- People lived independently and accessed the community whenever they wished to. One person told us about their trips to the theatre and going shopping.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had information regarding their communication needs including information regarding any visual or hearing aids required and if a person was able to communicate verbally.
- Staff communicated with people in their preferred way.
- The registered manager was able to explain the alternative formats available for written communication, such as large print, easy read or translating into another language.

Improving care quality in response to complaints or concerns

- At the time of inspection there had not been any complaints about the service. The provider had a complaints policy and procedure in place.
- People knew how to raise concerns and were confident they would be dealt with properly.

End of life care and support

- End of life training had been completed and an End of Life Policy was in place.
- At the time of the inspection, the service was not supporting anyone who required end of life support.
- People had the opportunity to complete end of life documents and discuss their preferences as to how they would like to be cared for at the end of their life. One person told us, "I have a funeral plan and have discussed my end of life plan with staff."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was led by an experienced, motivated registered manager and staff team. Their commitment to providing a service that promoted person-centred values, and a strong commitment to promoting independence and social inclusion was apparent throughout our inspection.
- People were placed at the centre of every decision made within the service. The registered manager told us that they were passionate about ensuring people had choice and control over their lives and that all staff supported this.
- People and staff spoke highly of the management team. They felt supported and respected and told us the registered manager was always available. One staff member said, "[Registered manager] is very good and supportive." One person said, "There is a good management team here, people and staff are happy."

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 registered manager understood their duty of candour responsibility. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information. Policies and procedures were in place.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. The provider had a speak up guardian and a whistleblowing hotline in place to support staff and people to be able to raise any concerns.

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

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs.
- Systems and processes were in place and effective in assessing, monitoring and improving the service. The quality of care people received was subjected to close monitoring by the provider. The provider undertook a range of quality audits to identify where improvements could be made.
- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications were submitted in a timely manner

- Staff were clear about their roles and responsibilities towards the people they supported and felt supported in their role. They had regular supervisions, which ensured they provided the care and support at the standards required.

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

- People and staff were fully engaged and involved in the service.
- The registered manager had a weekly meeting in place so people could come and speak with them.
- People and relatives were regularly asked about the care delivered, satisfaction surveys were completed; responses were consistently high and positive.
- Regular staff meetings were held. One staff member said, "We recently had a full staff meeting. You can put your ideas forward and they are listened to."
- The registered manager was compassionate towards staff and supported their wellbeing. One staff member told us about 'Wellness Wednesday' when staff were able to have a tea and chat.

Continuous learning and improving care; Working in partnership with others

- The service liaised with healthcare professionals to coordinate better care for people.
- Where changes in care were made, we saw staff had good communication systems in place to share information about people's needs.
- The service worked in partnership with other health and social care organisations, which helped to improve people's wellbeing.
- The provider kept up to date with national policy to inform improvements to the service.