

Extel Limited

Primrose Hill Farm

Inspection report

The Farm House, Primrose Hill Farm
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

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 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

Primrose Hill Farm is a residential care home providing personal care to 35 people at the time of the inspection. The service can support up to 39 people with a learning disability and/or autism. The home was divided into seven different houses, with separate office buildings on the grounds.

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

Whilst Primrose Hill Farm was a larger residential care home, the provider was working within the principles and values of Right support, right care, right culture.

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 service supported this practice.

People were assessed so any potential risks were identified, and steps taken to keep them safe. Systems in place safeguarded people from abuse and staff were knowledgeable about how to support people safely. People were protected from harm, for example through infection control measures and safe management of medicines

Right Care:

Observations and records showed that people experienced choice and control over their support and care planning was person centred. The service promoted people's independence and people were engaged in activities that were meaningful to them. People's health needs were well managed and the service worked in partnership with other agencies to promote people's health and wellbeing.

Right Culture:

Systems and processes in place promoted a positive culture at the home that achieved good outcomes for people. Practices at the service were audited to monitor quality of the care people received and areas of improvement were identified. People had established routines and good relationships with longstanding staff members. People were treated with dignity and respect and were involved in shaping their care. The management team worked closely with staff and had a clear vision for the service.

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 27 February 2019).

Why we inspected

The inspection was prompted in part due to concerns received about people's care plans indicating excessive control over people's freedom and choices. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

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.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Good ●

The service was well-led.

Primrose Hill Farm

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

Two inspectors carried out this inspection.

Service and service type

Primrose Hill Farm 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 Hill Farm 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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals 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.

During the inspection

We spoke with 10 people who used the service and 4 relatives about their experience of the care provided.

We spoke with 17 members of staff including the registered manager, assistant manager, deputy managers, team leaders, senior support workers and support workers.

We reviewed a range of records. This included four people's care records and four medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medications safely. Medications were clearly labelled, stored correctly and records reflected the medicines in stock. However, systems in place had not always highlighted when expired medications should have been disposed of. The provider took immediate steps to address this.
- People's emollient creams were stored and administered safely. However, risk assessments were not in place to consider the increased fire risk from emollients. The provider took action during the inspection to implement a policy, inform staff and display clear signage.
- Protocols were in place for people's 'as and when required' (PRN) medications. Staff understood what signs might indicate a person needed these medicines.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff told us people at Primrose Hill Farm were safe. One person said, "The staff are wicked. I like it here." Another told us they thought the home was 'really good'.
- People were safeguarded from the risk of abuse. Staff had received safeguarding training and felt confident to raise any concerns about people. One staff member told us, "I would remove the person at risk and safeguard them. I'd tell [the Registered Manager], report and record it."

Assessing risk, safety monitoring and management

- Care plans and risk assessments were in place to guide staff and help monitor people's assessed risks. Staff were knowledgeable about people's individual needs and how to protect them from harm.
- People were supported in the least restrictive way when they were distressed and there was a risk of them causing harm to themselves or others. Care plans detailed how to de-escalate situations where people could be at risk. Staff received physical intervention training and described how it was used as a last resort.

Staffing and recruitment

- Staffing levels were maintained at the assessed level to support people safely. We observed staff being available to support people as required. People were relaxed and happy when engaging with staff members.
- Staff were recruited safely. We found pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

There were no restrictions for people to have visitors to the home.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to reduce risks to people. People's individual incidents were assessed in each home to identify any trends. In addition, the provider audited all accidents and incidents to highlight any areas of concern. This meant any learning from incidents could be taken forward to prevent further occurrences.
- The registered manager demonstrated an open and transparent approach to learning lessons. They told us how they responded, reviewed and reported any incidents at Primrose Hill farm.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- People's care plans contained decision specific capacity assessments exploring subjects such as the support they received or COVID-19 measures. However, we found one instance where a person's capacity to make an unwise decision had not been fully assessed and documented. The provider took immediate steps to address this.
- Consent to care and treatment was in line with law and guidance. People had DoLS authorisations in place where appropriate and staff understood the principles of supporting people in their best interests.
- Staff had received training in MCA and were knowledgeable about applying this to the people they supported. One staff member told us, "[It means] empowering individuals to make choices by themselves."

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

- People's individual needs were assessed and care and support delivered in line with current legislation and guidance. For example, people with epilepsy had detailed care plans about how to support them and staff had received specific training. One relative told us how they had seen staff supporting their loved one during a seizure. They said, "They looked after [my family member] better than I could. They were totally focussed on [my relative]."
- Staff worked with people in a supportive, person-centred way. We observed staff engaging with people positively and supporting them to maintain their independence through choices and activities.

Staff support: induction, training, skills and experience

- Staff received training relevant to their roles and felt they had the skills and knowledge required to meet people's needs. Specialist training was available for staff supporting people with specific needs, such as diabetes or epilepsy.
- Staff had to complete the care certificate if they were new to care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff felt the provider invested in their development. A number of staff told us they had been supported to advance within the service and management were receptive to any training they asked for. One staff member told us, "You can always request training if you need it; they will arrange it for you. I requested Makaton training."

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

- People were supported to eat and drink enough to maintain a balanced diet. We saw people were able to choose when and what they would like to eat and drink. One person said, "If it is someone else's choice and I don't like it, there are other options available."
- People with particular dietary needs were supported by staff to make healthy choices. Staff were knowledgeable about people's requirements and knew their likes and dislikes.

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

- People's rooms were personalised to meet their individual preferences and needs. Some people chose colourful decorations, whilst others preferred neutral colours to create a calming environment.
- Displays in the environment supported people to communicate. For example, homes had picture symbols displayed for people to show how they were feeling or what they needed. One staff member explained how people used photo displays to ask about each other.
- The use of the environment was adapted to meet people's person-centred requirements. For example, we saw some communal areas were utilised for quieter activities, while others enjoyed music and dancing in a separate space.

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

- People were supported to attend health appointments as required. One person told us, "Some appointments I attend by myself, or with a social worker or support workers if needed."
- People's individual needs were considered in relation to accessing healthcare services. For example, one person who found attending the GP surgery distressing was supported to have appointments remotely.
- People had health action plans in place. These records contained people's medical history, professionals involved in their care and details of any health appointments they had attended.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were a variety of audits conducted in each house, and service-wide audits conducted by the provider to maintain oversight of the home.
- Systems and processes in place had not identified the issues we found relating to expired medicines and one person's capacity to make an unwise decision. However, the provider was receptive to our findings and took robust actions to address the issues we identified.
- Staff were clear about their roles and felt Primrose Hill Farm was a good place to work. All staff spoken with felt supported by the management team and that any issues raised would be responded to positively.

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

- Primrose Hill farm promoted a positive culture that achieved good outcomes for people. People told us they were supported to pursue their interests. Records showed that people were encouraged to work towards their chosen goals.
- People, staff and relatives told us people were happy at Primrose Hill Farm. One relative told us how their loved one had progressed since moving to the service. Another said, "They treat [my relative] as family, and by virtue of that we are extended family."
- Staff spoke positively about the people they supported. When asked if they would be happy for a relative to live at the service, one staff member said, "Yes, because in this home I care for people as if they were my family. I can honestly, hand on heart, say that all staff in this home do."

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 responsibility for duty of candour. Systems were in place to ensure CQC and other stakeholders were notified of incidents when required.
- Duty of candour care plans were in place for people. These highlighted to staff the responsibilities required of the service if something were to go wrong.

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

- The provider engaged with people through a variety of ways. People's records included a resident charter and complaints procedure. This was available in an easy-read document for those who would benefit from

that format.

- Systems were established to seek feedback from people, relatives, staff and professionals. Monthly supervisions were conducted with people and their key worker. This supported people to raise any concerns and explore their goals for the coming month.

Continuous learning and improving care; Working in partnership with others

- Systems were in place to ensure people could access external services as needed. Professionals confirmed that appropriate referrals were made and the service was responsive to guidance given.
- The provider worked towards continual development and improvement of the service. Each house had an individual action plan. Spot checks were conducted by the provider that examined the environment and gained feedback from people, relatives and professionals.