

Extel Limited

Primrose Hill Farm

Inspection report

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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

This inspection took place on 5 May 2016 and was unannounced. The home was last inspected in March 2014, and was compliant with all the regulations we looked at. This was the first ratings inspection of this service. The inspection team comprised of one inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Primrose Hill Farm is a residential home which provides support to people who have learning disabilities and autism. The home is registered with the Commission to provide care for up to 39 people. The home is set up as seven different houses which are managed by three registered managers. There were two registered managers available on the day of the inspection to speak with us. A third registered manager was in the process of being recruited. 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 and associated Regulations about how the service is run.

People who used the service and their relatives told us that the home was safe. Staff were aware of the need to keep people safe and the provider conducted checks to ensure people were supported by staff who were suitable. The storage, administration and recording of medication was good and there were robust systems for checking that medication had been administered in the correct way.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills.

People were supported to express their preferences and decisions about their care, and these were taken into account. When the support people received risked restricting their freedom, the registered manager had supported people in line with the appropriate legislation.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. The registered manager sought and took advice from relevant health professionals when needed. People were provided with a good choice of food in sufficient quantities and were supported to eat meals which met their nutritional needs and personal preferences.

We saw that people were happy around staff and with the support they were receiving. People had opportunities to participate in a range of activities staff knew they enjoyed. People were supported to maintain relationships which were important to them.

Staff understood the needs of the people they supported. We saw that staff communicated well with each other and spoke highly of the manager and leadership they received. The manager assessed and monitored the quality of care consistently through regular audits of events and practice.

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.

People were comfortable to approach staff when they required support.

There were enough members of suitably recruited staff to meet people's needs.

Staff knew how to keep people safe from the risks associated with their conditions.

Is the service effective?

Good ●

The service was effective.

People received care from members of staff who were well trained and supported to meet people's individual care needs.

People were supported by staff who respected their choices and worked within the principles of the Mental Capacity Act (2005).

Other health professionals were involved when necessary to meet people's care needs.

Is the service caring?

Good ●

The service was caring.

People we spoke with told us they felt cared for well.

People were treated with dignity and respect.

Staff took pride in helping people to follow their interests.

Is the service responsive?

Good ●

The service was responsive.

People received support when they needed it. Support had been reviewed so people's preferences could be accommodated.

People were supported to take part in a range of activities that enabled them to maintain interests and hobbies.

People were supported to express any concerns and when necessary, the provider took appropriate action.

Is the service well-led?

Good ●

The service was well led.

The service had an open and transparent culture, with good internal communication.

The registered manager was well liked and considered approachable.

Staff were motivated and they received on-going support.

There were systems in place to assess the quality of the service and how it could be improved.

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Primrose Hill Farm

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 5 May 2016 and was unannounced. The inspection team consisted of one inspector, a specialist advisor who has expert knowledge about supporting people with learning disabilities and autism, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of planning the inspection we asked the provider to complete a Provider Information Return (PIR). This 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we observed how people, who could not communicate with us verbally were supported to express their views and interact with staff. We observed how people spent their time and if they appeared engaged and happy. We spent time in all seven of the houses. A further eleven people spoke with us. We spoke individually with the registered managers, twelve care staff, and the nominated individual. We also spoke to four relatives on the telephone, and two health care professionals. 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 sampled the records, including people's care plans, staffing records, complaints, medication and quality monitoring.

Is the service safe?

Our findings

People we spoke with told us they felt safe. They told us they knew the staff and felt that staff would take appropriate action if they were at risk of harm. One person said, "I love it here, it's great, staff really listen to me." A relative told us, "It is the only place that have given [my relative] proper care." Staff knew what constituted abuse and what to do if they suspected someone was being abused. Staff understood they could report their concerns to the registered manager and to external agencies. Staff we spoke with could confidentially describe the different signs and symptoms that a person might present which would indicate they were being abused and confirmed that they had received training in safeguarding to support their understanding. Staff we spoke with were aware of the providers whistleblowing telephone line. The registered manager had a good understanding of their responsibilities in maintaining the safety of people from harm. They had notified us appropriately about any concerns they had in relation to people's safety which included any incidents of potential abuse or serious injury to people.

Staff we spoke with knew about people's individual risks and actions they would take to keep people safe while not restricting their freedom. We saw people had well-ordered and up to date care files that included risk assessments around many areas. These had been tailored to suit each person. People told us that they had daily meetings with their key worker if they wanted them. One person told us, "I have daily one to ones, sometimes morning and night if I want to. They are helpful." Staff told us that these meetings were used to keep issues of safety and well-being very current. They were then used to keep risk assessments and any required staff interventions up to date. Staff felt that people were safe, a member of staff said, "We have pagers and if there's an incident the other houses on site respond in seconds, we test the system and it works."

The home had a comprehensive system for recording and monitoring accidents. Records confirmed that there were procedures in place to record when accidents and incidents had occurred. These had been analysed and appropriate steps had been taken to reduce the likelihood of these being repeated in the future.

People told us and we saw that there were enough staff available to meet people's needs. One person told us, "No, I never have to wait, if we want to go out they find someone to take us." We saw that people needed different levels of support. Throughout our inspection we did not see anyone without staff when they were required. A member of staff told us, "There's enough staff on site really." We looked at the staff rota which confirmed that the registered manager had systems in place to make sure enough staff were on duty at any one time, and we saw that there was an on call system of managers to make sure staff were supported at all times.

The registered manager described how they assessed and determined how many staff were required to support people living at the home. Recruitment processes were in place to help minimise the risks of employing unsuitable staff. A member of staff told us, "I had my police check and references, the induction was good. I've been signed off on the Care Certificate too." We reviewed staff recruitment files and saw that the registered provider's recruitment process contained the relevant checks before staff worked with

people.

The registered manager told us that medicines were ordered, stored and disposed of centrally by the registered manager. We saw that each house had a dedicated room with a locked cupboard to keep medicines in safely. Each person received their prescribed medicines within their own house by staff who had been trained to administer it. Medicines were administered in a safe and unrushed manner, in a private room to maintain each persons' privacy. Medicines were always given and signed for by two members of staff. This reduced the chances of any errors. We observed a member of staff obtaining consent from people before giving them their prescribed medicines, and explaining the medicine in a manner and at a pace that was suitable for the person.

We looked at the medicine administration records (MAR) for some people who lived at the home. Each person's medication record included a photograph of them and instructions about when to give 'as required' or PRN medication. We noted that for medicines that were used to support a person when they became distressed, the instructions did not include triggers or signs that staff needed to observe before administering the medication. We saw that all medication including skin creams and food supplements were recorded clearly and people had received the medication their prescriber had given them. Staff told us and we saw the system that was used if there were any errors or spoilt medication. We saw that staff who were responsible for administering medicines had received regular training and medicine competency assessments. We found that medicines were administered safely.

Is the service effective?

Our findings

People and their relatives told us that staff had the right training and skills to meet their needs and that they were happy with the way staff cared and supported them. One person we spoke with told us, "I love it here, staff are good." Staff we spoke with told us that training was excellent and that they understood it was an important aspect of their role. One staff member told us, "The company is great with training, they are really good." Another staff member said, "We get regular training and training in certain areas such as epilepsy." A visiting health professional told us that "The staff are very receptive to change and training, very positive and enthusiastic." We saw records that showed that staff training was regularly updated and that staff had the opportunity to further their own professional learning. We found that staff were provided with training in core areas as well as more specialised training to meet specific needs of people living at the home.

All the staff we spoke with told us that they received regular supervision. They advised that this helped them to reflect on their care practices and to enabled them to care and support people more effectively. We saw records and staff confirmed that supervision took place and was managed by the registered manager to ensure that all staff received that support. One member of staff told us, "The management team are fantastic." Another staff member said, "The staff work together as a team really well." We found that staff felt well supported.

The registered manager told us about the twelve week induction programme for all new members of staff. Staff told us that they received an induction which included getting to know people's needs and time allocated to shadow more established staff. One member of staff told us, "I had an induction book and the training I needed to get me up to speed." There was documentary evidence that Staff had received an induction that followed the Care Certificate standards. The Care Certificate standards cover essential core areas of training for new staff.

Staff told us they contributed to handovers between shifts which enabled them to strive towards the best possible outcome for people. Staff we spoke with told us that communication was effective within the team. The provider had suitable management on-call rotas in place to support staff when they required advice and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We observed staff seeking people's consent throughout the day before they assisted them with their care or support needs.

Where people were unable to make decisions we saw that Mental Capacity Act assessments had been undertaken for some of the people in the home. We saw that the registered manager was in the process of completing these for everyone who needed them. We found that staff had a good understanding of peoples' capacity to make decisions but were not always clear about who could give consent for certain aspects of care. We found some instances where relatives had given consent without the registered manager assuring

themselves that they had the authority to do so.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation.

Due to the nature of the support needs of some people, staff occasionally used low level restraint techniques to keep people safe. All the staff we spoke with were clear about how and when to use the techniques and we saw that had received training from an accredited body to support them with this. A visiting health professional told us, "There's an audit of any restraints that have happened. There has been a reduction in the use of restraint and medication used to calm people. I'm happy about the process in place." A relative told us, "[My relative] is not being as restrained as much now. They use it as a last resort." We found that restraints used with people were being managed well.

People who lived at the home told us they liked the food provided. Menus were available to assist people in the choice of food and people and staff told us that people chose their meals through their one to one meetings. The menu reflected people's choices as much as possible. One person communicated to us that they liked their food. We observed people at tea time and saw that people enjoyed their food. We saw that people also had a pleasant lunch time, with staff eating with them. Staff were present but unobtrusive which showed a real respect for people while they ate. All tables were well laid with appropriate cutlery and condiments. We observed one person did not eat their meal and was offered a second alternative which they declined until later. We found that people had enough food and drinks of their choice.

We saw that each house made sure that people had access to drinks and snacks where appropriate. Some people told us that they enjoyed having snacks in their bedrooms which they had bought themselves. A relative told us that the home supported their daughter to bring food into the home that had been cooked at her parents' home. The food was frozen for the person to enjoy when they wanted it. The relative told us this was important to maintain the person's cultural identity and food preferences. We found that one person was being supported to lose weight through a healthy diet, increased exercise and the support of a dietician. People's individual needs were being met by appropriate support with food.

The service worked well to make sure people had good access to healthcare support services. Relatives told us that people received timely health care. We saw that the service worked closely with other professionals and agencies in order to meet people's support and health care requirements. We spoke with staff who knew what action to take if a person became medically unwell. We saw that care plans contained dates and outcomes of health care visits, and that any recommendations had been followed.

Is the service caring?

Our findings

People told us they felt cared for. Comments from people included; "I like it here, it's my home." "Staff are very nice and kind." We saw that other people were relaxed and confident around staff. During our visit we spent time in the communal areas of all the houses and saw that staff interacted with people in a warm and kind way. We saw staff respond to people's attempts to communicate in a timely, supportive and dignified manner. There was a friendly, calm and relaxed atmosphere within the home. One staff member told us, "I'd say most staff really do care, and the management care a lot." In a particular house that we found to be very busy we noted that staff remained calm and supportive. We saw staff sitting, talking and listening to people and provided comfort and support to people. Staff ate their meals with people and had a laugh and joke about various things as they arose. We saw that the interaction between people and staff was kind, considerate and respectful.

A visiting professional told us that people were regularly included in the care planning process and that changes were actioned quickly. For example it was confirmed that one person could access the community independently. We saw that this was actioned within two days of the decision being made, and the person went out without staff very quickly. Staff told us and people confirmed that they were involved in their care planning every day as part of their one to one meetings with their key workers. We found that the process to do this was informal and relaxed, but recorded and acted upon in accordance with each person's wishes and needs.

We looked at how the service promoted people's privacy, dignity and independence. The registered manager and staff consistently told us they positively promoted people's independence. One person told us, "They discuss things with me like I am an adult." We found many examples of this across all of the houses. We saw examples of where people were not appropriately dressed and were discretely supported to their rooms to change their clothes. We saw that people were enabled to have their own bicycles or adapted trikes to use when they chose. Rooms that we had been invited to see had been personalised with people's photographs and ornaments which all assisted people to feel relaxed and at home. A relative told us, "They respect [my relative] and me." Staff could confidently describe what they did in practice to protect people's privacy and dignity. People were supported to learn to cook and develop independent living skills where this was appropriate. Staff and relatives we spoke with confirmed that, where appropriate, people were being supported to move towards a more independent living arrangement within the community.

Staff could describe individual preferences of people and knew about things that mattered to them. One person told us that they do their own household chores, "They expect you to do everything for yourself." Another person explained that they liked to go out but had a lot of pain when walking. They said the staff helped them to get outside and were "very gentle." A relative told us, "They[the staff] respect our culture and our diet and [my relative] is always happy to go back when they have been home." We found that people's choices and preferences were respected. We noted that all information about people was stored safely and that confidentiality was respected.

Is the service responsive?

Our findings

Staff we spoke with had a good understanding of people's individual preferences and knew what was important to them. Staff spoke with compassion and knowledge when describing people's likes and dislikes. Throughout our inspection we saw that home had access to communication aids to make sure that they could respond quickly to people's needs and wishes. These aids included signs, symbols, pictures and objects of reference. However none of the inspection team saw any of these tools being utilised with people during the day. We did observe however that staff had their own very individual way of communicating with people to make sure that they had been understood.

We found examples of very good outcomes for people who lived at the home. One relative talked with us about the progress that had been made in the wellbeing of her relative since they had moved into the home. They described how the person had been when they first started using the service and concluded with, "Now they've gone from strength to strength, they are really well cared for. So much better and happier." A person told us with pride about their difficult history and how they are planning to move into independent living.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. People and their relatives spoke enthusiastically about activities that people took part in. They said that they were very pleased and that people were never bored or ignored. A small number of people went outside of the home independently to places of their choice, using public transport or taxis, other people were accompanied by staff to do the same. Staff told us that there were occasional group activities, but mostly people did individual things with the staff who supported them.

Some people had detailed and structured activity plans that supported them in a way they required. We saw that these activity plans were written in an accessible format. The daily keyworker meetings provided an opportunity for people to discuss the activities they wanted to undertake that day. Staff told us that although the plans were structured, they did not have to be followed if people chose not to that day. For example on the day of our inspection, some people decided they wanted an impromptu BBQ which happened later that day.

The registered manager told us and records showed that initial assessments had taken place to identify people's individual support needs. This made sure that the home knew they could provide the correct support to people before they moved in.

The care files were easy to follow and clear. Care records we saw contained information about people's personal preferences, daily routines, health issues and some life history information. This made sure that staff knew what was important to people they were supporting. One person's care plan was in pictorial format to enable them to understand the contents of their care plan.

People told us that they would let the staff know if there was something that they were not happy about, but everyone we spoke to said they were currently happy and had no complaints. One relative told us, "The manager addressed my concerns straight away." Another relative said, "If we had a problem we would go

straight to the manager and I know we would be listened to." The registered provider had a formal procedure for receiving and managing complaints or concerns. We saw that these were recorded on a database and were tracked until completion and reviewed. We saw that the registered manager responded appropriately to any concerns or complaints that had been made, and were aware of their responsibilities in relation to the Duty of Candour.

Is the service well-led?

Our findings

People we spoke with knew who the registered manager was, and we were told that the registered manager had a daily presence on the site. During our inspection we saw them interacting in a caring manner with people, and noted that they knew people well. One relative told us, "They deal with things in a really professional way, really quickly, really well." A visiting health professional told us that both the registered manager and the service manager had a good knowledge of people's needs. We found that the registered manager and provider worked in partnership with key organisations, including specialist health and social care professionals.

Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. Staff told us that if they did have any concerns they would feel able to raise them. One member of staff told us, "It's been like a breath of fresh air working here, The managers are really approachable and deal with things straight away." We saw that staff meetings took place with the registered managers on a regular basis and were recorded well. This indicated that communication within the home was good.

People and their relatives were given the opportunity to share their views about the service being provided. A survey to seek everyone's' views had been completed every six months and we saw records of regular meetings with people living in the home having taken place. The results of the surveys had been looked at and we saw that actions had been taken by the registered manager to improve things when needed. There was a rota of management/provider cover for the periods when the manager was not at the home and staff knew who to contact in an emergency. The registered manager had a programme in place to help staff with their professional development.

The registered manager had effective systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents they had made changes as appropriate to minimise the chance of the incident happening again.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about any incidents and from these we were able to see appropriate actions had been taken.

There were effective systems in place to monitor the quality and safety of the home. The service manager conducted several internal audits. We noted that there was a comprehensive quality audit completed by the registered manager every three months. This audit was then checked by a different manager. Action was taken to make improvements where they were identified as needed. We saw that the home had a robust system of recording and electronic data management systems. These were all used to ensure the home was meeting the needs of people and driving forward the quality of care provided to people .