

Surrey and Borders Partnership NHS Foundation Trust

Jasmine at Primrose

Inspection report

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

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Website: www.sapb.nhs.uk

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

Jasmine at Primrose is a short term respite care service which specialises in supporting people with a learning disability and specialist healthcare needs, such as epilepsy, autism or a sensory impairment. At the time of this inspection thirty six people in the community accessed the service for respite care. The service was able to accommodate up to seven people at any one time. People can choose to spend anywhere between one to ten nights at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People were safe at the service. Staff were trained to safeguard people from abuse and knew how to minimise identified risks to people's safety. Health and safety checks were carried out of the premises and equipment to make sure they were safe. The premises was clean and tidy and provided a range of comfortable spaces for people to spend time in. Staff followed good practice when providing personal care and when preparing and handling food which reduced hygiene risks.

There were enough staff to support people. The provider carried out pre-employment checks to make sure new staff were suitable to support people. Staff were given relevant training to help them meet people's needs. They were supported by the provider to review and continuously improve their working practices so that people would experience high quality care and support

People and their relatives contributed to planning the support people needed during their stay. People had current care plans which set out how their care and support needs should be provided. Their needs were met by staff.

Staff used people's preferred method of communication when interacting and engaging with them. Staff were warm and friendly and knew people well. They supported people in a dignified way which maintained their privacy and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff helped people stay healthy and well. They supported people to eat and drink enough to meet their needs and to take their prescribed medicines. Staff worked well with other healthcare professionals to ensure a joined-up approach to the care people received.

People and their relatives had no concerns about the care and support provided by staff. They knew how to make a complaint if needed. The provider investigated accidents, incidents and complaints and kept people involved and informed of the outcome. Improvements were made when needed and learning from investigations was shared with staff to help them improve the quality and safety of the support they provided.

People, their relatives and staff were encouraged to have their say about how the service could improve. The provider used this feedback along with other checks, to monitor, review and improve the quality and safety of the support provided. Senior staff were acting to make improvements at the time of this inspection to activities, the menu and records maintained by staff. They worked proactively with other agencies and acted on recommendations to improve the quality and safety of the service for people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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 7 April 2017).

Why we inspected

This inspection was planned based on the previous rating of 'Good'.

Follow up

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

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 safe.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our Well-Led findings below.

Good ●

Jasmine at Primrose

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed a new manager for the service who had submitted their application to CQC to become the new registered manager for the service.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events and incidents involving people. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

As people using the service were unable to speak with us due to their communication needs, we observed interactions between people and staff. We spoke to three relatives about their experiences of the care and support provided to their family members.

We looked at two people's care records and staff records relating to training, supervision and recruitment. We reviewed medicines management arrangements and other records relating to the management of the service, including policies and procedures. We also spoke to the registered manager, the new manager, the deputy manager and two care support workers.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with had no concerns about the safety of their family members when using the service for respite care.
- Staff had been trained to safeguard people from abuse and there was a well-established procedure for them to follow to report a safety concern about a person.
- When a concern was raised the provider helped the local authority with their enquiries and investigations. They acted on any recommendations made about how to improve working practices to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and information was provided to staff about how to manage these to keep people safe from injury or harm. For people whose behaviour might challenge them and/or others, there was guidance for staff about how to reduce the risk of this behaviour presenting or causing harm to the person or others.
- Staff understood risks posed to people and how they could help people to stay safe. They were trained to deal with emergency situations and events if these should arise. Staff were alert to people's whereabouts and supported people to move and transfer safely when needed.
- There were regular health and safety checks of the premises and any issues found through these were dealt with. The provider had arrangements in place for the premises and equipment to be maintained and serviced to make sure they remained in good order and safe for use.

Staffing and recruitment

- The provider knew up to three months in advance when people were planning to use the service. This helped them make sure the appropriate level of support was in place for people and that there were enough staff on duty to meet people's needs safely.
- During the inspection staff were present and accessible and people were not left alone unless they chose to be.
- The provider carried out pre-employment checks on staff that applied to work at the service. These checks helped the provider make sure staff were suitable and fit to support people.

Using medicines safely

- When people came in to use the service, they brought with them their prescribed medicines along with a signed document from their GP setting out when and how these should be administered. This information was cross checked with information that the service already had about the person from previous stays to check for any changes that staff needed to be aware of.

- People were supported to take their prescribed medicines. Our checks of stocks and balances of medicines and records showed people consistently received the medicines prescribed to them. Medicines were kept securely and stored safely.
- Staff had been trained to manage and administer medicines. Where people needed to take emergency medicines for their healthcare conditions, for example for seizures related to epilepsy, the provider made sure they were always supported by staff trained to administer these.
- The provider regularly checked staff's working practice in relation to medicines. This helped the provider make sure staff were working in a consistently safe way.

Preventing and controlling infection

- Bedrooms at the service and communal areas were clean, tidy and free from odours.
- Staff had training and access to cleaning supplies, materials and equipment to help them reduce infection risks associated with poor cleanliness and hygiene and when preparing, serving and storing food.
- There were hand sanitisers, soap and drying facilities available around the premises for people, visitors and staff to use to help reduce the risk of the spread of infection.
- We observed staff washed their hands when preparing to support people with their lunchtime meal. However, people were not encouraged to wash their hands before eating. We discussed this with senior staff who told us they would remind all staff to prompt people to wash their hands prior to eating to reduce infection risks.

Learning lessons when things go wrong

- Accidents and incidents involving people were fully investigated and the provider took appropriate action when needed to address any safety issues at the service. For example, after a person had a fall from their bed after their bed rails failed, the provider replaced similar beds at the service. All beds were now regularly serviced and checked to make sure these remained safe for use.
- The provider analysed accidents and incidents to check for any trends or themes to help them reduce the risk of these happening again. Learning from investigations was shared with staff to help them improve the quality and safety of the support provided.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Prior to using the service, people's care and support needs were assessed by the provider. The provider took account of information provided by people, their representatives and others involved in their care about their healthcare and medical conditions and the support they needed for this while using the service for respite care.
- The provider referred to current guidance when assessing people's needs and the type of support they might need. For example, current guidance was used in relation to positive behaviour support principles to make sure people would be supported in the least restrictive way as possible.
- Information from assessments was used to develop individualised care plans for people which set out how, when and from whom they received support. This helped to make sure staff provided support in line with people's wishes and needs.
- For people that regularly used the service, staff checked for any changes in their needs each time they came to stay. This ensured staff had up to date information about how people should be cared for and supported during their stay.

Staff support: induction, training, skills and experience

- Relatives told us staff were able to meet the needs of their family members.
- Staff received relevant training to help them meet the range of people's needs. This included refresher training to help staff keep up to date with current practice. Staff also undertook specialist training to support people with their specific healthcare conditions. For example, staff were trained to care for and support people who needed to be fed by a percutaneous endoscopic gastrostomy (PEG) tube.
- New staff had to complete induction training before they could work with people unsupervised.
- Staff had regular supervision (one to one) meetings with senior staff to discuss their working practices, any concerns they had about their role and any further training or learning they needed to help them provide effective support to people.

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

- An individualised eating and drinking plan had been developed for each person using the service. This set out for staff, people's dietary needs including any specialist needs they had due to their healthcare conditions.
- Staff understood people's dietary needs and took this into account when planning and preparing meals. They monitored people were eating and drinking enough and if they had concerns about this, they sought support from the relevant healthcare professionals and acted on any recommendations they made.
- Senior staff were improving the menu at the time of this inspection so that this would better reflect

people's preferences for the meals they ate. This would help encourage people to eat well.

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

- Information about people and their current health and wellbeing was shared with all staff on duty. This helped keep all staff informed about any specific concerns about a person and how these were being managed.
- People's records set out in detail how staff needed to support them to manage their health and medical conditions. Staff understood the care and support they needed to provide to help people stay healthy and well during their stay at the service.
- Staff had access to a range of healthcare professionals and sought their advice and support when needed about how to ensure people received effective care and support in relation to their healthcare and medical conditions.

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

- The premises offered a range of comfortable spaces for people to spend time in. In addition to the bedroom assigned to them during their stay, people also had use of a large communal lounge, a sensory room and the garden.
- Pictures were placed on the door of people's assigned bedrooms to help them and others easily identify the room they were staying in. Wherever possible people were assigned the same bedroom each time they came to stay. People were encouraged to bring in personal belongings to help personalise the room while they were at the service, which helped make this a more comfortable and familiar space for people to spend time in.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Assessments were undertaken of people's capacity to make and consent to decisions about specific aspects of their care and support.
- There were processes in place where if people lacked capacity to make specific decisions the provider would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests. People's records confirmed these meetings took place when required and best interest decisions had been clearly documented.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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; equality and diversity

- Relatives told us people were looked after well by staff. One relative said, "[Family member] always seems really happy being here. Staff know [them] very well and know [their] needs" Another relative told us, "They're friendly staff...staff know [family member] well." This was evidenced by us during the inspection when a staff member picked out the person's favourite book to read with them while they waited for their relative to arrive to take them home.
- We observed positive interactions between people and staff. People appeared relaxed and comfortable with staff. Staff were warm and friendly and constantly engaged and communicated with people throughout the day. They regularly checked how people were and initiated conversations, talking to people about things that were of interest or important to them. Staff were patient and gave people time to make choices about what they wanted to do.
- When assessing people's needs the provider took account of their specific wishes in relation to how their social, cultural and spiritual needs should be met. These were recorded in people's care plans so that staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- There was detailed information for staff about how people wished to communicate and express themselves. This helped staff understand how to support people to have a say about what they wanted in terms of their care and support. We observed staff used people's preferred communication methods when interacting with them.
- The provider used a specialist tool to help staff identify when a person with complex communications needs might be in distress. Using this tool, they had developed guidance for staff to prompt them to look for changes in people's appearance, vocal signs and mannerisms which would indicate the person was distressed and in need of their support.

Respecting and promoting people's privacy, dignity and independence

- Staff were kind and respectful when talking to people. They asked people for their permission before providing any support. Staff explained to people the support they were about to provide and made sure people were not rushed so that they could do things at their own pace.
- When people wished to have privacy and spend time alone, staff respected this. The sensory room

provided additional space at the service where people could spend time away from others.

- People were supported to be as independent as they could be by doing as much for themselves as they could. For example, adapted cutlery was available to help people eat independently. Staff only took over when people could not manage or complete tasks safely.
- People's records were stored securely so that information about them was kept private and confidential.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People's records contained detailed information about them, their life history, their likes and dislikes, hobbies and interests, their preferred routines and their preferences and choices for how care and support should be provided. This helped to ensure people received personalised care and support from staff that was responsive to their needs.
- Staff understood people's care and support needs and how these should be met. We saw staff were able to anticipate what people wanted and supported people to do tasks and activities in the way people preferred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.
- A range of information had been adapted to meet people's needs. For example, information about how to make a complaint or raise a safeguarding concern was available in easy to read pictorial formats to make this easier for people to understand.

Support to follow interests and to take part in activities that are socially and culturally relevant to them; supporting people to develop and maintain relationships to avoid social isolation;

- Most people using the service went to day centres and staff supported them to go.
- For people that stayed at the service during the day, there were games, books, DVDs and arts and crafts for them to use. During our inspection we saw staff played games and read books with people, which people appeared to enjoy.
- A relative said activities for people could be improved. They told us, at times, there was not much for people to do in the evenings, at weekends or when the weather was bad. The provider was already acting on this suggestion for improvement and in the process of recruiting an activities coordinator for the service. Senior staff told us the role of the coordinator would be to plan and deliver more meaningful activities for people relevant to their needs. We will check at our next inspection if these improvements were made and how these have led to positive outcomes for people using the service.
- People were encouraged to maintain relationships with the people that mattered to them. A relative told us their family member had grown up with many of the people that came to use the service. Staff

encouraged people to maintain these friendships and made sure people could spend time together when they wanted to.

Improving care quality in response to complaints or concerns

- Feedback from relatives received during this inspection indicated they had no issues or concerns about the quality of care and support provided by staff. Relatives told us they would be comfortable raising a concern or complaint if they needed to.
- There were arrangements in place to deal with people's concerns and complaints in an appropriate way. The registered manager confirmed there had been no complaints made about the service since our last inspection.

End of life care and support

- None of the people using the service required end of life care and support at the time of this inspection.
- When planning for people's stay at the service, we noted staff did not always ask people and their relatives what they would like to happen in the event of their unexpected death at the service. Senior staff told us they would adapt their assessment and planning process to make sure this information was collected. This would ensure that staff would know what to do in this instance to make sure people's wishes and choices about what happened to them were respected.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Senior staff held regular meetings with staff to make sure they understood their role and responsibilities to the people they cared for. Staff were encouraged to review their working practice to make sure this was helping people achieve positive outcomes in relation to their care and support needs.
- Staff understood how to provide people with personalised care and support tailored to their needs. They told us they were well supported by senior staff.
- Since our last inspection the provider had appointed a new manager in May 2019. The manager had submitted their application to CQC to become the new registered manager for the service. The manager told us they had been well supported in their role by the current registered manager and senior staff from the provider's organisation.
- The manager notified us promptly of events or incidents involving people. This helped us to check that the provider took appropriate action to ensure people's safety and welfare in these instances.
- There were arrangements in place for monitoring and checking the safety and quality of the service. Senior staff undertook regular audits and checks of key aspects of the service. Where issues were found through these checks these were addressed promptly and improvements were made.
- Relatives spoke positively about senior staff. One relative told us they would like to see the provider use more ways to keep relatives up to date and informed about their family member's wellbeing during their stay, for example through email contact. Senior staff told us they would review and update the way relatives were given information about their family member during their stay at the service.

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 investigated all accidents and incidents that happened and made sure people and their representatives were kept involved and informed of the outcome.
- We saw a good example of this, where following an incident involving a person using the service, the provider had undertaken a full investigation of the incident and involved the person and their relative throughout. The provider apologised to the person and their relative for the things that had gone wrong and asked them for their views about how the service could learn and improve from this incident.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- People, their relatives and staff were provided opportunities to have their say about the service and how it could improve. Staff used people's preferred method of communication to gain their views so that people would not be excluded from having a say in how the service could improve.
- Senior staff used feedback received from people, relatives and staff to improve the service. At the time of this inspection the provider was acting to improve the range of activities on offer to people and the menu.
- The manager said they were looking for further ways to improve the quality and safety of the service for people. They told us about an improvement they planned to make to the way staff recorded information about people to give more meaningful information to relatives about the support their family member had received during their stay at the service.

Working in partnership with others

- Good relationships had been developed with a range of healthcare professionals involved in people's care. Staff made sure recommendations and advice from healthcare professionals was used to design the care and support provided to people. This helped to ensure that care and support was up to date with current practice in relation to people's specific needs.