

### Primrose Healthcare Limited

# Primrose Croft Care Centre

#### **Inspection report**

Primrose Croft Primrose Street Cambridge Cambridgeshire CB4 3EH

Tel: 01223354773

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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

Primrose Croft Care Centre is registered to provide accommodation for persons who require nursing or personal care for up to 38 people. Nursing care is not provided. There were 21 people living in the home when we visited

This unannounced inspection was carried out on 3 May 2017. At the last inspection on 21 May 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post. 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 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Staff were knowledgeable about the procedures to ensure that people were protected from harm. Staff were also aware of whistleblowing procedures and would have no hesitation in reporting any poor care. People's medicines were safely administered.

There were sufficient numbers of suitably qualified staff employed at the home. The provider's recruitment process ensured that only staff deemed suitable to work at the home were employed. Staff did not commence working in the home until all pre-employment checks had been satisfactorily completed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager and all staff were knowledgeable about when a request for a DoLS would be required. The registered manager had submitted DoLS applications to ensure a person was only deprived of their liberty to ensure their safety. People who had limited capacity to make decisions were supported with their care and support needs in their best interests.

Staff respected and maintained people's privacy at all times. People were provided with care and support as required and people did not have to wait for long periods of time before having their care needs met. This meant that people's dignity was respected and met in a timely manner.

People's care and support needs were planned, detailed reviewed and met by staff who had a good understanding of how and when to provide people's care whilst respecting their independence and choices.

People were supported to access a range of health care professionals. This included a GP, hospital appointments and visits from district nurses and community psychiatric nurses. People were consistently supported with their health care needs in a timely manner. Risk assessments were in place to ensure that people were safely supported with potential health risks.

People were provided with a varied menu and had a range of healthy options to choose from including those who required a specialist diet. There was a sufficient quantity of food and drinks available at all times.

People's care was provided by staff in a caring and compassionate way. People's hobbies and interests had been identified and were supported in a way which always involved people to prevent them from becoming socially isolated.

The home had an effective complaints procedure in place Prompt action was taken to address any concerns that had been raised.

People were provided with several ways they could comment on the quality of their care. This included regular contact with the registered manager, staff and by completing quality assurance surveys.

## 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 remains Good.	
Is the service effective?	Good •
The service remains Good.	
Is the service caring?	Good •
The service remains Good.	
Is the service responsive?	Good •
The service remains Good.	
Is the service well-led?	Good •
The service remains Good.	



## Primrose Croft Care Centre

**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 unannounced inspection took place on 3 May 2017 and was carried out by one inspector 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.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We also spoke with service commissioners, a safeguarding manager and a care manager from the local authority, an NHS continuing care manager and information from a nutritionist who visited the home.

During the inspection we spoke with nine people living in the home and three relatives. We also spoke with the registered manager, deputy manager, cook, and seven care staff. We observed people's care and support during our inspection to assist us in understanding the quality of care that people received.

We looked at three people's care records, quality assurance surveys, staff training and recruitment records and medicine administration records. We checked records in relation to the management of the service such as audits, policies and staff records. We looked at audit and quality assurance records.



#### Is the service safe?

## Our findings

We asked people if they felt safe living at Primrose Croft Care Centre. None of the people we spoke with had any concerns about their personal safety. One person said, ""Yes I do feel safe here in my room, I am happy here and they [staff] are kind to me. They [staff] look after me well." Another person said "I do feel safe – there is always someone around, so you are never left alone."

There was a call bell system in each room, and we saw that staff attended as soon as possible. However some people we spoke with said that there had been occasions when they had to wait for around 20 minutes as staff were often busy. We spoke with the registered manager and they told us that this would be looked into to improve response times to call bells.

Staff we spoke with had an awareness of the safeguarding reporting procedures so that they could escalate any concerns to the management team and protect people from harm. A person said "Yes – I feel safe with staff and I like the people around me. They [staff] do help me when I need it but they try to let me help myself while I can." One staff member said, "I have received training in safeguarding and I would report any concerns to the [registered] manager."

We saw that people's individual risk assessments had been completed and regularly updated including; falls, moving and handling and nutrition. During our inspection we observed staff using mobility equipment to support people safely in accordance with their risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

People told us, and we saw, that there was sufficient number of staff available to meet people's needs. The provider told us staffing levels were monitored on an ongoing basis and that additional staff would be rostered where a particular care and support need was identified.-such as a social event or where a person's healthcare needs changed. The registered manager told us that they were recruiting new care staff and that this had sometimes been unsuccessful. However, the home had regular agency staff who knew the home well to cover shortfalls.

Three recruitment records we examined demonstrated that appropriate checks had been carried out. Staff confirmed that they had only started work after these checks had been completed. This showed us the provider only employed staff who were suitable to work with people living at the home.

We found that regular and up-to-date checks had been completed on systems and equipment such as the home's water and fire safety systems. This helped ensure that the home was a safe place to live, visit and work in.

We saw that medicines were stored safely. Temperatures in the medicine room and refrigerator were recorded to ensure that medicines remained effective. Medicine Administration Records (MARs) showed that medicines had been administered as prescribed. We saw that dates had been recorded when liquid medicines had been opened. These measures showed that people were provided with the support they

needed with their prescribed medicines in a safe way.



#### Is the service effective?

#### Our findings

One person told us, "They look after us well here." and another person said that "I couldn't be better looked after anywhere. "Relatives of people we spoke with told us that they were encouraged to be involved in reviews of their family members care and support. One relative told us that they were involved in discussions and decisions about their [family member's] care. Another relative told us that, "The staff are very good in helping me, and they are always good at sorting out my queries promptly."

Staff told us they had regular supervision and daily support. One staff member said, "The management team organise training and we get refreshers [training updates] throughout the year" This ensured that staff were kept up to date with any changes in current care practice. One member of staff told us that they had found a recent dementia training course to have been very useful. They told us that the training had given them a wider insight when providing care and support to people living with dementia. Staff confirmed they had received an induction which included mandatory training to ensure they were working safely. We saw evidence of training achieved in a training records spread sheet.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). Staff we spoke with showed an understanding of promoting people's rights, choices and independence. The registered manager told us that applications for a number of people living in the home had been submitted to the relevant local authority and that they were waiting for these assessments to be carried out and completed. We also saw people were provided with information as to how to access local independent advocacy services when required.

Lunch time was a sociable occasion, with lots of interaction between the staff on duty and people having lunch in the dining room and in their rooms. We saw that people were offered a choice of main meal and choices of drinks. One person said, "It's very good when you think they are cooking for so many people, they can cook a roast well, we do get a choice of pudding, at teatime we get sandwiches and cake or sometime left over hot pudding from lunchtime." Another person told us that, "The food is good, the meals are nice and the food is always hot."

We saw staff assisting a person with their meal patiently and encouraged them to eat. One staff member said, "Some days [person] will not eat, so when it is a good day we encourage him as much as we can." A relative said, My [family member] enjoys the food – they seem to have put on weight. They look very healthy and happy now." We saw that staff provided assistance to people to eat their meal in an unhurried and encouraging manner. People told us that they had regular snacks and drinks provided to them during the day.

We spoke with the cook who told us about the special diets they provided for people. The cook regularly spoke with people living in the home ensure that their preferences and favourites were included. We saw

that people's weights were recorded and any changes to normal weights were acted upon and nutritional advice from dieticians were sought as necessary. This was confirmed by a nutritionist we spoke with who was positive about the service and that the registered manager and staff contacted them whenever necessary.



## Is the service caring?

#### Our findings

People told us that the home was very homely, staff were very caring and sensitive in the way that care and supported was provided. One person said, "The staff are very good and very helpful." And another person told us that "I have never met a nicer a lot of staff ever." We observed staff interactions with people and found they spoke to people and supported them in a kind, unhurried and dignified manner at all times. Relatives that we spoke with were positive about the care their family members received and one relative said, "My (family member) is happy living at Primrose Croft and it's very homely and comfortable"

During our inspection we saw a lot of positive and gentle interactions between staff and people using the service and requests for assistance were responded to quickly. For example, when people requested a drink and it was made as soon as possible and that people were taken to the bathroom as soon as they requested assistance and not kept waiting for long periods of time. A relative said, "It is excellent, they are very good to [family member] – I sometimes ask them to take [family member] to the toilet but they do it straight away." One person told us, "They all treat me very well and make sure I have everything I need" However, some people we spoke with told us that they had to sometimes had to wait for longer times when they rang their calls bell as staff were at times busy.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. We saw staff engaging with people in their rooms and communal areas and enquired whether people had everything they needed. We saw that staff knocked and waited for the person to answer before entering their bedroom or bathroom. We saw a member of staff gently assisting one person to go to their bedroom. They carefully reassured them whilst assisting them to use the staircase. One person told us that "My sight has gone so I need them to help me do everything. They are kind and patient to me."

People were able to see their friends and relatives without any restrictions. A relative told us that the staff were always welcoming and offered them drinks during their visit. A relative said, "The staff and owner always keep me aware of any changes to my (family member) care and support needs." Another relative said, "The care is very good and they give my (family member) a lot of kind help."

We saw that people's care and support records were reviewed and daily care records were completed to show the care and support that people had received during the day. There were also specific records in place regarding visits and support from health care professionals including; GPs and community nurses. Staff confirmed that they received handovers to ensure that any changes and information regarding people's care were noted and acted upon.



## Is the service responsive?

#### Our findings

People were supported to take part in hobbies and interests that were important to them during the week including religious services, board games, and crafts and there were visits from musical entertainers. One relative told us that "People's birthdays are always celebrated and a birthday cake is made which is really good". Another relative said they had attended garden parties that had been organised in the gardens during the warmer months of the year One person said "I go to church every week on a Sunday - my friend from church comes to collect me."

We spoke to people about the planned activities in the home including, music sessions, professional entertainers and outings to the local town. However a number of people told us that they would like a wider range of activities and more trips out of the home. We raised this with the registered manager who told us that this was an area which had been identified and were recruiting an activities coordinator to develop a wider range of activities in the home. We observed that people were free to use the communal lounge, gardens (weather permitting) and to spend time in their room if they wished.

We observed the people living in the home and the visitors interacted very well with staff. A friend of a person living in the told us that they felt that staff were friendly and provided a cheerful atmosphere in the home. A relative told us, "The atmosphere in the home was cheerful and very homely." Another relative said that "We can visit whenever we like, and we are always made to feel very welcome.

We saw that care plans included information about people's preferences, including how they wanted to be called, what time they wanted to get up or go to bed, family contacts and what was important to them. People we met said that said that they felt they were treated as individuals. One person said, "I feel that they really know me well and meet my needs." Daily records showed that people made choices about how their care and support needs were met.

People's care plans had been reviewed regularly and changes had been made to people's care where this was required. An example of this was referrals made to the district nursing team and local GPs. We also saw that nutritional assessments were recorded along with monthly weight records. This demonstrated the staff monitored people's care and health needs and followed up on any advice provided by health care professionals.

The provider had an effective complaints process in place. We saw correspondence between complainant and the provider which had been appropriately responded to in line with the provider's complaints procedure. People and relatives we spoke with told us that any concerns they had raised were promptly dealt with to their satisfaction by the staff and provider. A relative said, "We have not had the need to complain and if we have any concerns I would be confident that they would sort things out for [family member]." Another relative said, "They [registered manager and staff] staff keep in touch with us and always check that everything for [family member] is being provided."



#### Is the service well-led?

#### Our findings

A registered manager was in post. 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 2008 and associated Regulations about how the service is run.

People and relatives we spoke with told us they knew the registered manager well and that they frequently spoke with them during the day. One person said, "I feel I can talk to [name of registered manager] if there is anything I am not happy about" Another person said, "I see [registered manager] during the day and often talk with them."

All staff we spoke with told us that they felt very well supported by the registered manager and deputy manager and that they were readily available for any advice or guidance. Staff told us that their suggestions for improvements were always considered and that they felt valued treated with dignity and respect. The registered manager told us they worked alongside staff to monitor the care and support, which helped them to identify what worked well and where improvements were needed. One member of staff said, "I love working here and everyone pulls together as a team." Another member of staff said, "It's really good working here and we all work very well as a team."

The registered manager and provider carried out a regular programme of audits to assess and monitor the quality of medicines, staff training, care planning and finances. Where shortfalls were identified; records demonstrated that these were acted upon promptly such as any changes to people's care, mobility needs and staff recruitment and training. One person said, "The [registered] manager and staff always come to see if I am well or if I need anything during the day."

People told us that they felt confident that staff knew how to provide care in the way that they preferred. One person told us that "I can't think of one thing that I am not happy about. I don't think I would change anything." All staff told us they enjoyed working at the home felt supported by the registered manager, deputy manager and their colleagues.

People were provided with several ways they could comment on the quality of their care. This included regular contact with the registered manager, staff and by completing quality assurance surveys. We saw a copy of a 2017 summary/analysis of surveys which included areas highlighted for improvement. These included more structure with regard to activities within the home and staff recruitment - including the employment of an activities coordinator.

One person told us that "They (staff) are always checking on me to see if there is anything I feel could be improved." A relative told us how happy they were with the care and support provided to their family member and "I am very happy that [family member] is living at this home".

The management team and all staff told us that they were confident that if ever they identified or suspected

poor care standards they would have no hesitation in whistle blowing and that they would be supported to do so. Whistle-blowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of through work. One staff member said, "We are a good team if there was any bad practice this would be acted upon immediately."