Primrose Healthcare Limited

Primrose Croft Care Centre

Inspection report

Primrose Croft
Primrose Street
Cambridge
Cambridgeshire
CB4 3EH
Tel: 01223 354773

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Primrose Croft Care Centre is registered to provide accommodation and non-nursing care for up to 38 people, some of whom live with dementia. The home offers both short and long-term stays. At the time of our visit there were 33 people living at the home.

The home, which is situated in a residential suburb of the city of Cambridge, has enclosed gardens. The ground and upper floors are accessible by means of stairs or a passenger lift. There is a hairdressing room, communal lounges and ten of the bedrooms are provided with en suite facilities.

The inspection took place on 10 March 2015 and was unannounced. The last inspection was carried out on 26 June 2014 when the provider had met the regulations that we inspected against.

A registered manager was in post when we inspected the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 were safe living at the service as staff were knowledgeable about reporting any abuse. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Arrangements were in place to ensure that people were protected with the safe management of medication. Minor improvements were needed in relation to the recording and storage of controlled drug medication.

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. DoLS applications had not been made to ensure that people's rights were protected. Staff were supported and trained to do their job. People were supported to access a range of health care professionals. Health risk assessments were in place to ensure that people were supported to maintain their health. People were provided with adequate amounts of food and drink to meet their individual likes and nutritional and hydration needs.

People's privacy and dignity were respected and their care was provided in a caring and compassionate way.

People's hobbies and interests had been identified and a range of in-house facilities and activities supported people with these. A complaints procedure was in place. No complaints had been received. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care. A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance.

During our inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people were looked after by a sufficient and suitable staff.

People were given their medication as prescribed. Minor improvements were needed in relation to the storage and records of controlled medication.

Good

Is the service effective?
The service was not always effective.

People's rights may not have been protected from unlawful restriction and unlawful decision making processes.

Staff were supported to do their job and a training programme for their identified development was in progress.

People's health and nutritional needs were met.

Requires Improvement

Is the service caring?
The service was caring.

People received caring and compassionate care and their individual needs were met.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs before and after admission to the home.

Good

Is the service responsive?
The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

In-house facilities and the provision of hobbies and interests supported people to take part in a range of activities that were important to them.

There was a procedure in place which was used to respond to people's concerns and complaints.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

Management procedures were in place to monitor and review the safety and quality of people's care.

There were links with the local community to create an open and inclusive culture within the home.

People and staff were involved in the development of the home, with arrangements in place to listen to what they had to say.

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 inspection took place on 10 March 2015 and was unannounced. It was carried out by two inspectors 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. The expert-by-experience had experience in looking after older people and people living with dementia.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we received information from a local contracts and placement officer.

During the inspection we spoke with three visitors, a visiting GP and 13 people who used the service. We also spoke with the registered manager, a member of the catering staff, a member of the domestic staff and 13 care staff. We reviewed six people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People who we spoke with said they felt safe. One person said, "I'm not afraid of anyone here. I feel absolutely safe because people don't get upset. I've got nothing to fear." Another person said, "If I wasn't treated right, I wouldn't come here."

Information about protecting people from harm was available in the home for people, visitors and staff. The information included contact details of authorities that deal with safeguarding people from harm. Staff were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of types of harm and what action they would take in protecting and reporting such incidents. Staff were also aware of the whistle-blowing policy and said that they had no reservations in reporting any incidents of poor care practice, if needed. This showed us that people were kept safe as much as possible.

The atmosphere of the home was calm and we saw that people were being looked after by patient and unhurried members of staff. People said that there were enough members of staff to meet people's individual needs. This included support with people taking their medication and with eating and drinking. One person said, "I feel safe because staff come immediately if I need them." A visitor told us, "There's always enough staff floating about. When I've come in the staff are always around and interacting with people." A GP told us that during their visits there was always enough staff on duty to enable a member of staff to chaperone them. Members of staff told us that there was always enough staff on duty and measures were in place to cover staff absences. This included the use of staff from the provider's other homes. The registered manager advised us that the numbers of staff required was calculated on people's needs and this was kept under review.

Members of staff described their experiences of applying for their job and the required checks they were subjected to before they were employed to work at Primrose Croft Care Centre. Our review of staff recruitment files confirmed that these checks had been carried out before the prospective employee was contracted to work at the home.

People were satisfied with how they were supported to take their prescribed medication. One person said, "I get my medicine when I need it. I had my tablets (given to me) today." Another person told us that they were given their medication as prescribed to ease their discomfort. Medication records demonstrated that people were given their medication as prescribed and we saw that staff ensured that people had safely taken their medication. The controlled drug register had records of the name of the pharmacy from where the medication was dispensed from. However, there was no address of the dispensing pharmacy, which failed to provide a clear audit trail of controlled medication coming into the home. Medication was safely stored when not in use. However, we noted that the controlled drug cupboard was not meeting the specifications of the type of fixtures to be used to maximise the security of the cupboard. The quality of people's medication was maintained as records demonstrated that medication was stored at the recommended temperatures. Only trained staff, who the provider had assessed to be competent, were responsible for the management of people's medication.

Requires Improvement

Is the service effective?

Our findings

People's care records demonstrated that there was a system in place to assess people's capacity to make informed decisions about their support and care, which included taking prescribed medication. Where people were assessed not to have this capacity, they were supported to take their medication as this was assessed to be in their best interest. We found that some people were provided with alarm mats, to alert staff of the person's whereabouts. However, we found that there was no assessment had been carried out, for the use of this equipment, in line with the principles of the Mental Capacity Act 2005. In addition, the registered manager advised us that no Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority. We heard one person expressing their wish to return home. Furthermore, the registered manager advised us that some of the people would not be able to go out of the home without an escort. This meant that people's liberty had been unlawfully restricted. This deprivation of people's liberty was without the local authority's authorisation.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, including a GP and visitors, said that they had confidence in members of staff abilities to be able to meet people's individual needs. One person said, "They (staff) are quite sensitive as to what you like and need." We saw good examples of how staff understood people's individual communication needs. This included providing people, who were living with dementia, with information in the way that they were able to understand. Information was provided in short sentences and also when staff presented plated food for people to make their choice from a visual presentation.

Staff said they enjoyed their work and had the training and support including formal supervision to do their job. One staff member told us that they were supported to progress with their career and had achieved diploma status. A member of domestic staff said, "It's really good working here. I did dementia training so I know how to speak with people." Other staff members told us that they had attended training in a range of topics, which had included induction and on-going training. One staff member said, "I am up-to-date with my training. We can do e-learning here or at home if we want to." Records demonstrated that staff had attended training in health and safety, medication, dementia awareness and safeguarding.

Staff were trained and knowledgeable in respecting people's choices and gaining their permission to be supported with their individual needs. This included the use of strategies to allow people to give their consent in relation to their medication and personal care needs. We saw staff continually ask people for their permission before supporting them. This included support to eat their food and to be supported with their continence needs.

People were satisfied with how their health needs were met and had access to a range of health care professionals. One person told us that they had received visits and treatments carried out by a community nurse. They told us, "They come every other day." A GP told us that the staff supported people to gain access to the GPs without any delay. They also advised us that staff had a good understanding of people's individual health needs. We saw staff supported and encouraged people to maintain their ability to walk with the use of aids.

People's health risk assessments had been carried out and measures were taken to minimise the risks. These included nutritional and hydration risks, risks of falls and risks of developing pressure ulcers. People's weights were monitored and reviewed and the records demonstrated people's weights were stable. Alarm mats were provided to increase staff awareness and take action to make sure people were safe from falling. Pressure-relieving aids were provided for when people were sitting up and when they were lying in bed. We saw members of staff were mindful of removing obstacles, such as walking frames, to allow people to safely walk about.

People said that they enjoyed the food and always had enough to eat and drink. One person said, "The food is quite nice. I enjoy it. Definitely get enough to eat and drink." Another person said, "The food is good. (You get) different things to eat. I get enough to eat and drink."

We saw people were offered a choice of hot and cold drinks and snacks of biscuits and menus demonstrated that people had options and alternatives to choose from. People were supported and encouraged to eat and drink and were asked if they wanted any more. When people had

Requires Improvement

Is the service effective?

not eaten their meal, they were offered an alternative, which they ate. The member of catering staff demonstrated that they had a good understanding of people's individual nutritional needs and said that communication between the care and catering staff enabled people's individual nutritional needs to be catered for. This included information in relation to the celebration of people's birthdays and making a special, chosen dish for the 'Resident of the Day.'

Good

Is the service caring?

Our findings

People said that they liked the staff and that they were kind and caring. One person said, “I had a bath this morning and I really enjoyed it. It was because we (with staff) had a good laugh. It’s alright here. (Staff) get you to do things for yourself.” Another person said, “I like living here. I enjoy it. They (the staff) are very friendly people.” We were also told, from another person, “Staff are sensitive to your needs.”

People said that they were offered a choice of when to go to bed, when to get up and where they would like to sit. One person said, “I like to go to bed early so I can listen to the radio.” Another person said, “I have sat here and I’ve realised I’ve enjoyed it on my own. I’m quite relaxed.” We heard a person ask a member of staff, “Can I go and sit up in the other room?” and we saw that they were supported to sit where they wanted to. One person told us, “We can do what we want (and go where we want). No one’s tapping you on the shoulder and telling you to get back in there.”

We saw good examples of how staff involved and included people in their conversations. This included talking about maintaining indoor plants and changing the controls of the music player. We saw staff continually ask people what support they would like. During the lunchtime we heard a member of staff asked a person, “Can I help you or do you want to try yourself?” When a person became upset, we saw a member of staff comfort the person. We saw the person responded to this and became settled and started smiling and joking with the member of staff.

During our SOFI we also saw examples of people’s positive responses to how staff interacted with them. These included smiling, sharing jokes, talking with each other and humming along to the music playing.

People were actively involved in the day-to-day decision making process. One person said, “As the days go they (staff) become sensitive to your needs and as to what you need.” A visitor told us that there had been reviews carried out of their relative’s care needs and these had taken into account people’s views. One person said that they preferred to be looked after by a female member of care staff although their views had not been recorded. A (male) member of staff demonstrated their sensitivity when supporting people, including females, with their care.

There was a 'Resident of the Day' programme in place during which people and their relatives were invited to review the person’s care plan based on their choices and needs. In addition, people’s needs, their likes, dislikes and choices were assessed before they moved into the home.

One person told us that they were included in the decision-making process before and after their admission to the home which told us that the person’s rights were valued

The premises maximised people’s privacy and dignity. Bedrooms were for single use, of which ten were en suite. Communal toilet and bathing facilities were provided with lockable doors. We saw staff knock on people’s doors and where possible, waited for permission, before entering.

Information about mental health advocacy and general advocacy services was available. The registered manager advised us that currently advocacy services were not being used.

Good

Is the service responsive?

Our findings

There was a programme in place to review people's care plans with them and their relatives. A relative told us, "Staff have gone through [family member's] care plan. The care was talked through with [my relative] me and the social worker at least three times after [my relative's] admission." Other reviews were carried out during the 'Resident of the Day' programme. Where changes were needed, the care plans were updated. Care records demonstrated that these were reviewed each month or sooner and actions were taken in response to people's changed needs. These included, for instance, changes in people's medical conditions.

People were supported to pursue their own hobbies and interests. One person said, "You get enough to do if you want to. There's always something to do and we can choose what we want to do." We saw a person humming to songs being played by 1960s and 1970s pop groups; another person was playing a game of dominoes while other people were reading a newspaper. People were actively engaged in conversations with staff members and each other. We also saw a person enjoying holding and stroking the home's cat. Indoor plants were a feature of a topic of conversation between a person and staff member. We saw people were being taken out of the home for a walk and sitting in the garden in the afternoon sunshine.

We saw people had made friends with each other and were supported to maintain contact with friends and family members. One visitor said that they were able to visit when they wanted, which was usually three times each week. People were also able to attend religious services, one of which was being held at the home during the afternoon of our visit.

People said that they knew who to speak with if they were unhappy about something. One person said, "I would tell the person in charge." Another person said, "It depends on who I would go to. If it's a small thing I would talk to a member of care staff. If it was a bigger thing, I would talk to the manager." There was a record of complaints of which showed us that no complaints had been made. Staff were aware of the complaints procedure and how to support people in making a complaint. One staff member said, "I would listen to what the person had to say, record it, then I would speak with my manager about it."

Good

Is the service well-led?

Our findings

A registered manager was in post. People who were able to tell us knew who the registered manager was and their name. One person told us, "She (registered manager) comes into my room and chats with me. I feel able to say what I want." Members of staff told us that they found the registered manager to be supportive and accessible. A member of staff told us, "The manager always shows her face." Another staff member told us, "I have no problem or issue with the manager. I can talk to the manager and she is really good." The local contracts and placement officer said that they had no concerns about the safety and care of people and described the home as to be among the best in the area.

The registered manager had submitted notifications to us which demonstrated their understanding of the requirements of their registration. This included a notification in relation to an incident in respect of a person's care. The registered manager advised us that learning had taken place as a result of the incident and we have received no more notifications of a similar nature.

Staff told us that there were links with local schools and religious organisations to show that the management of the home operated an open culture and people were an integral part of the community. The registered manager advised us that volunteers had not visited people living at the home but would review this practice.

Members of staff described and demonstrated the principles of good care. This included promoting people's independence, keeping them safe, offering and valuing people's choice and providing compassionate care to people. One member of staff told us, "You treat people with respect and dignity. You let them wash their own face or brush their hair on their own. You have to be kind and caring to them and respect them as a person."

People were given opportunities to make suggestions and comments to improve the service. One person said, "Yes, I attend meetings and I have my say." We saw that actions were taken in response to the suggestions; arrangements in place to but a marquee for the home's garden, based on people's suggestions. Staff were also given opportunities to make suggestions and comments. One member of staff told us that, based on their dementia care training and learning, they had used this knowledge to request equipment to improve the home's sensory room. We were told that their request was listened to and action was being taken to improve this area of the home.

Quality assurance systems included staff receiving feedback from unannounced senior management visits. The registered manager told us, "We get feedback and what we need improving. It's a supportive thing and we get help and support to improve." Since our previous inspection, the provider had made an improvement in the quality of people's care with the introduction of 'The Resident of the Day' scheme. However, the provider's quality assurance procedures had failed to identify the lack of DoLS applications.

The management of staff supervision and training enabled staff to keep up-to-date with changes in practices and procedures. This included identification of individual staff work performances and actions to be taken, if needed. Refresher training was also provided to keep staff up-to-date with caring for people living with dementia. Staff had access to up-to-date information in relation to the management and treatment of pressure ulcers, managing people with diabetes and end-of-life care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse How the regulation was not being met: People who use services had been unlawfully deprived of their liberty or were at a risk of this happening. Regulation 11 (2) (a) Safeguarding service users from abuse, which corresponds to regulation13, Safeguarding service users from abuse and improper treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.