

Primrose Hill Limited

Primrose Hill Nursing Home

Inspection report

99 A Old Fallings Lane
Wolverhampton
WV10 8BJ

Tel: 01902864627

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Primrose Hill is a nursing home providing personal and nursing care for up to 50 people. The service provides support to people living with dementia, mental health needs and those with a physical disability. At the time of our inspection there were 46 people using the service.

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

Governance systems did not consistently ensure people always had access to their prescribed medicines and records were always completed. Medicines were stored and administered safely, and we saw the issues identified had not impacted on people.

People were safeguarded from abuse by staff that understood how to recognise the signs and take action to protect people. Where people had risks to their safety, these were assessed, and plans put in place to reduce the risks. Infection prevention control measures were in place at the home and staff understood and followed these. Where incidents occurred, people had a review of relevant risk assessments and plans to prevent recurrence and incidents were monitored to look for themes and trends.

Staff were recruited safely and given an induction and training to support them in their role. There were sufficient staff to meet people's needs and the registered manager reviewed this using a dependency tool to ensure safe staffing levels were consistently available.

People had their needs assessed and care plans were put in place to meet those needs. Staff were given any updates about people's needs daily in regular handover meetings. People had a choice of food and drinks and any risks relating to nutrition and hydration were assessed and planned for.

People had access to support with their health needs and plans were in place to give guidance for staff on how to support them effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plan audits were in place to ensure they were accurate and up to date. There were systems in place to learn from complaints, safeguarding and other incidents to ensure improvements were made. Feedback was sought from people, relatives, and other visitors to the home to check on the quality of the care people received. The provider worked in partnership with other organisations to seek support for people living in the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (9 May 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The last rating for this service was requires improvement (published 9 May 2023). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of medicines and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern, however some improvements were needed. .

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primrose Hill Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Primrose Hill Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 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.

Service and service type

Primrose Hill Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Primrose Hill Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 4 relatives about their experience of the care provided. We observed peoples care to help us understand the experience of people who could not talk with us. We also spoke with 11 staff, including care staff, nurses, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, these included 10 people's care records, medicines administration records, training, recruitment records and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines ordering systems were not consistently effective. One person did not have access to their prescribed medicine for 4 days and another person did not have access to a newly prescribed medicine for 5 days.
- Medicines administration records were not consistently completed. One person had a missed signature for their medicine several days prior to the inspection and this had not been noted or investigated.
- The registered manager investigated these issues and confirmed people had come to no harm and took action to prevent this from happening again.
- Medicines were stored safely. Medicines were stored at the correct temperature and in locked cupboards and trollies.
- Medicines were administered safely. Staff were able to focus on medicines administration and not be disturbed, they ensured people had an explanation of their medicines and sought consent.

Assessing risk, safety monitoring and management

- At the last inspection risks relating to people's safety had not always been considered or assessed. At this inspection the provider had made the required improvements.
- Risks were assessed, and plans put in place to minimise them. Evaluations were completed every month or sooner if something changed to ensure they remained up to date.
- Staff could describe the actions they took to keep people safe. Where people needed the support of staff to maintain their skin integrity, minimise the risk of falls or support people who could become distressed and anxious staff could tell us how the risk assessment and management plan guided them to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the home was safe. One person told us, "The staff keep me safe." A relative told us, "I don't worry about my relative when I am not here, I know they are safe".
- Staff had received training in how to safeguard people from abuse. Staff could describe how to recognise abuse and what actions they would take to report any concerns. One staff member told us, "If I saw any unexplained injury this would need to be reported immediately to the nurse and I would complete a body map and take a picture of the injury. This would be investigated and reported to safeguarding by the manager."

- We saw where incidents occurred these were reported to the appropriate body for investigation.

Staffing and recruitment

- People were supported by enough staff to meet their needs safely. One person told us, "I use my call bell and the staff come in plenty of time, I don't have any worries". A relative told us, "There are enough staff on duty, they know [person's name] and look after them well. I have peace of mind they are in a safe, caring home."
- Staff told us they felt there were enough staff to meet people's needs. One staff member told us, "Staffing is ok, we do have some vacancies, but we cover these shifts ourselves and there are 3 or 4 staff on the units along with nurses and unit managers on duty each day."
- The registered manager told us they used a dependency tool to assess people's levels of dependency and ensure they had enough staff to meet people's individual needs.
- Staff were recruited safely. The provider carried out checks to ensure staff recruited were safe to work with people. This included references and checks with the Disclosure and Barring Service (DBS) service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People could receive visitors to the home without any restrictions.

Learning lessons when things go wrong

- The registered manager shared examples of when incidents occurred how these were reviewed to look for learning and enable changes to prevent reoccurrence. For example, risk assessments were reviewed and updated when people had accidents such as falls.
- Analysis was completed for all incidents to look for any themes or trends and to ensure any learning was shared with staff.
- The analysis was completed relating to falls, other incidents, and complaints where learning was considered and applied. We saw this learning was shared in meetings with managers and staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- People had their needs assessed and care plans put in place to meet their needs and choices. Assessments and care plans were personalised to the individuals needs and gave guidance to staff on how to support people effectively.
- People had been involved in their assessments and care plans. One person told us, "The staff know me, they know what they are doing, and I feel I am involved with decisions about my care."
- Staff told us the assessments and care plans helped them to understand how to support people and guided how peoples care was delivered. We saw updates to care plans were done when needed and these were evaluated every month.

Staff support: induction, training, skills and experience

- Staff were supported in their role. Staff told us they received an induction and had regular support from the management team. One staff member told us, "I attend all the training, this has included safeguarding, moving and handling and other training such as computer-based systems we use."
- We saw staff had regular updates to their training to ensure they had the skills to carry out their role. Staff had received training such as safeguarding, moving, and handling, infection prevention control, mental capacity act and end of life care. We saw staff used these skills when supporting people. For example, we observed staff using personal protective equipment when appropriate.
- Where needed, staff had checks on their competency. For example, nurses administering medicines told us they had their competency checked to ensure they were familiar with the medicines administration policy and procedure.

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

- People were supported to have enough to eat and drink and had a choice of meals. One person told us, "The food is good there is always a choice."
- Where there were risks relating to, how people received food and drinks these had been assessed and plans put in place to minimise them. Where needed people had been referred to appropriate health professionals such as dieticians and speech and language therapists.
- Where people were at risk of malnutrition and dehydration there were plans in place to ensure they had enough to eat and drink and staff were given guidance on how to support people. Records were in place to monitor people's food and fluid intake.

Staff working with other agencies to provide consistent, effective, timely care

- We saw examples of staff working with other agencies to provide people with support. For example, where required the team referred people to other professionals to gain support such as the speech and language team.
- Staff were able to provide consistent care as they had regular opportunities at the start of their shift to hear about any changes to people's planned care. One staff member told us, "We get an update on every person in the home at the handover meetings and we do this twice a day."

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

- The service was adapted to meet the needs of people living at the service. For example, the home had adapted toilets and bathrooms and decoration had considered the needs of people who may be living with dementia.
- The registered manager told us, and we could see, work was ongoing to make the external garden areas more accessible for people with physical disabilities to access.
- Internally work was underway to personalise and decorate people's bedrooms and refresh the decoration in some communal areas. We saw this had been discussed in the staff meeting and with people living at the service to plan how to support people while the work was underway.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health professionals to support them with health conditions. One relative told us, "The staff are great, they know what they are doing, [person's name] has seen the GP, they are on the ball."
- We saw people's health needs had been assessed and plans put in place to help them maintain their health.
- Staff understood people's health needs and could describe how they supported people to manage health conditions. For example, one staff member told us, "When people have diabetes, we are informed about this and there is a plan for how they need to manage this including having a sugar free diet."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At our last inspection the provider had failed to work within the principles of the MCA. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Enough improvement had been made at this inspection and the provider was no longer in breach of

Regulation 11.

- People were supported in a way which followed the principles of the MCA. We saw staff seek consent before delivering care. One person told us, "The staff always knock my door and ask me before they help me."
- Where it was determined that people may lack capacity to consent to their care, a MCA assessment had been undertaken and decisions had been taken in their best interests. For example, where people had bed rails and gates in place on their rooms to manage risks to their safety this had been considered as the least restrictive option to manage the risks.
- Where people were being deprived of their liberty the provider had made applications to the authorising body. The provider had a system to ensure the authorised DoLS were monitored and renewed as required.
- Staff understood the principles of the MCA. One staff member told us, "I know which people in the home have a DoLS this is included in the care plan, and this also gives us guidance on how to support people in their best interests."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to effectively assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medicines audits and stock control systems were in place. However, they were not fully effective in ensuring actions were taken in a timely way. The registered manager told us they would make immediate adjustments to ensure they picked up concerns in the future.
- Other audits and checks were effective in ensuring they identified any areas for improvement and actions were taken. For example, the provider undertook regular audits on people's care plans to ensure they were up to date and regularly evaluated.
- Staff had access to supervision and continuous professional development opportunities. Staff told us they felt confident in their role and could seek support from the management team if needed.

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

- At the last inspection staff shared concerns with us about the culture at the home expressing they were uncomfortable with how senior managers spoke to them. At this inspection we found things had improved.
- The registered manager told us the providers human resources department had engaged all staff and managers in training which was designed to address the culture issues at the home, and this had vastly improved how staff felt.
- Staff confirmed they were positive about the changes and in particular those which had been brought about by the registered manager since the last inspection. One staff member told us, "The change in the home under the current registered manager has been massive, they are really good, always willing to listen and help, are very supportive and approachable."

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 understood their legal duty to submit statutory notifications and were open and transparent when things went wrong.

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

- The provider involved people in their care. One person told us, "I do what I want. I choose where I spend my time, when I go to bed, it is my life." A relative told us, "I am fully involved with [person's name] care plan, I visit 3 times a week and my relative is always well presented and seems happy, what more can I ask."
- Staff told us they had opportunities to discuss the service. Staff meetings were used as a mechanism to share learning with staff, discuss changes to the service and for staff to make suggestions about improvements. One staff member said, "Team meetings are used to update us, we talk about the environment, the general running of the home and any head office updates. We also discuss any concerns, changes and any incidents that have happened."
- People received person centred care at the home. We saw assessments and care plans considered peoples protected characteristics.
- Staff were supported to understand protected characteristics. For example, in a staff meeting a discussion was held about sex, sexuality and relationships and LGBTQ+ framework with a reminder to staff about checking on how people would like to be addressed and incorporating this into their care plans.

Continuous learning and improving care

- People, relatives, and professionals had opportunities to provide feedback on the service. The outcomes of these surveys were used to monitor the service and make any required improvements. For example, a resident survey had suggested improvements were needed to the outdoor areas and we saw work was underway to make these improvements.
- The provider had systems in place to continuously learn and make improvements. Trend analysis was completed monthly which considered learning from a range of things including safeguarding incidents, accidents, falls, complaints and medication errors to draw out any learning and apply this to make improvements.
- Staff had access to a wide variety of training and learning opportunities. We saw the provider also shared information with staff using a range of channels including newsletters, videos and meetings.

Working in partnership with others

- The registered manager told us they worked closely with other agencies. A local rapid response team worked closely with the home when people were unwell to prevent the need for hospital admissions and a local hospice worked with the home when people were coming to the end of their life.
- Other health professionals were involved in supporting people at the home including mental health professionals.