

Diamond Healthcare Ltd

Primrose Villa Care Home

Inspection report

258-260 Preston Road
Standish
Wigan
Greater Manchester
WN6 0NY

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15 March 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Primrose Villa Care Home is located in the Standish area of Wigan and provides personal care and support for up to 15 people in one adapted building. Accommodation is across two floors with all communal areas located on the ground floor.

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

People told us they were happy living at Primrose Villa, were offered choices and involved in making decisions about the care. 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. People were happy with the food provided and said they got enough to eat and drink. People's weight was monitored consistently, with clear actions taken when unplanned weight loss noted. People had access to a GP or other medical professionals as required, including a dental hygienist who completed visits to the home.

The home used a range of audits and monitoring tools to assess the quality and safety of the environment and care provided, with action plans generated and addressed timely. People's views were sought through regular meetings and surveys. Staff felt supported in their roles and told us the change in management had had a positive impact on the home and care provided.

We found the home to be clean, with effective cleaning and infection control processes in place.

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 requires improvement (published November 2020). At our last inspection we recommended the provider used nutritional monitoring tools in line with guidance, reviewed the system for documenting weight loss and action taken, explored dental options for people and reviewed the home's audit process and schedule. At this inspection we found the provider had acted on each recommendation and made noticeable improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to check the provider had addressed the recommendations made at the last inspection. This report only covers our findings in relation to the Key Questions Effective and Well-Led which contained the previous recommendations.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service is

good. This is based on the findings at this inspection.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primrose Villa Care 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?

At our last comprehensive inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Primrose Villa Care 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.

This was a targeted inspection to check whether the provider had followed the recommendations made at the last inspection.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Primrose Villa is a '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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave notice of the inspection due to the Covid-19 pandemic to ensure we had prior information to promote safety. We contacted the home on the afternoon of the 8 March, with the intention of inspecting the following morning. However, due to an outbreak of diarrhoea and vomiting, the home was closed to visitors until 14 March 2022. As a result, we agreed to only visit once the home had re-opened. We visited Primrose Villa on 15 March 2022.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for 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 of this information to plan our inspection.

During the inspection

We sought the views of three people living at the home about the care and support they received. We also spoke with three care staff, the registered manager and 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 relating to the effective and well-led key questions. This included four people's care records, training and supervision records, audit and governance information.

After the inspection

We requested additional information from the registered manager. This included copies of the service user guide, statement of purpose and further details about training and partnership working.

Is the service safe?

Our findings

Staffing

- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- The provider was aware of and adhering to current government guidance and best practice around visiting.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider used the Malnutrition Universal Scoring Tool as per the guidance contained in people's care files and reviewed their systems for documenting weight loss and actions taken. The provider had made improvements.

- Monitoring of unplanned weight loss and the use of the Malnutrition Universal Scoring Tool had been completed consistently and in line with guidance. Actions taken where people had lost weight had been clearly documented.
- People's views about the mealtime experience had been gathered through audits, resident meetings and discussions with the chef, to ensure they received food they liked and wanted to eat.
- People told us they received enough to eat and drink and were complimentary about the standard of the food provided. One person stated, "I get enough [to eat]. The food is pretty good here, no complaints."

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

At our last inspection we recommended the provider explored dental care options for people living at the home. The provider had made improvements.

- People had oral hygiene care plans in place. The home had arranged for a dental hygienist to visit the home to see each person and ongoing visits had been scheduled. People had also registered with a local dentist, in case additional works were required.
- People had access to a range of medical and healthcare services, such as GP's, district nurses and podiatrists. Guidance from professionals was recorded in people's care files.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications and re-applications had been submitted timely. Any conditions were clearly documented in people's care files.
- Where people lacked capacity to consent to care, best interest meetings and decision making had taken place. Family members and professionals had been involved in the decision making process.
- People confirmed staff sought their consent before providing any care or support. One stated, "Staff always ask for my permission and knock before entering."

Staff support: induction, training, skills and experience

- Staff received training and supervision to carry out their roles safely and effectively. One staff told us, "We do online as well as face to face training, we get enough. Supervision is much better now. We get to have a conversation with the manager, rather than just signing a form."
- New staff were required to complete induction training before working unsupervised. Monthly supervision was provided until they had completed their probationary period.
- Supervision had been provided quarterly in line with the provider's policy. Training sessions which the provider considered mandatory, such as safeguarding, MCA, first aid and fire safety had been refreshed annually.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments had been completed before people moved into the home. These helped ensure the home could meet people's needs and had the required information to provide person centred care.
- People told us they were happy with the care they received and were able to make choices each day.

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

- We saw some consideration had been taken to ensure the environment met the needs of people who lived there, including use of pictorial signage and personalisation of people's bedroom doors.
- The home was being redecorated. We noted people had been involved in decisions about colour schemes and décor in the communal areas prior to work commencing.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we recommended the provider reviewed the home's auditing process and schedule to ensure it is clear what should be assessed by the management team on a daily, weekly and monthly basis. The provider had made improvements.

- A range of audits and quality monitoring processes had been completed, in line with the audit schedule introduced since the last inspection. The provider also maintained oversight of the service through regular support and monitoring visits.
- Action plans had been generated from audits and reviewed regularly, to update on progress and ensure issues had been addressed timely.
- Resident meetings had been held quarterly in line with people's wishes. Minutes and action points from each meeting had been completed. Alongside this, the activity coordinator completed individual discussions with people, to also capture their views and opinions.
- People and relative feedback was also sought via annual questionnaires. Feedback received, along with any actions taken were displayed on the home's 'you said, we did' board.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood their regulatory requirements and had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.
- Staff spoke positively about the change in management since the last inspection. The new registered manager was reported to be approachable, supportive and a visible presence. One staff told us, "Things are brilliant, best we've ever had management wise." Another said, "So much better now, the staff mix is much better, as is the atmosphere in the home."
- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People we spoke with had no concerns about the openness of the home or its staff. Effective communication was maintained through meetings, phone calls and interactions with care staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; working in partnership with others

- We found the home to be an inclusive environment. People's views had been captured through meetings and surveys.

- People spoke positively about the home, how it was managed and the support provided to them.

Comments included, "I'm well acquainted with the manager, who's very pleasant. I am given lots of opportunity to put my views across" and "The staff are very good and the manager is very approachable."

- Staff told us they felt supported and valued. Regular staff meetings had been held, along with new daily meetings, where issues relating to people and the home in general were discussed and actions generated.

- We noted examples of the home working in partnership with other professionals or organisations.

Involvement with the local school and nursery had been affected by the COVID-19 pandemic, however, school children did attend over the Christmas period, providing a carol concert on the car park. The home had also created links with active ageing, a group run by the local authority, which supports people to access the community and be more active.