

Primrose House Care Home Limited

Primrose House Nursing Home

Inspection report

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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

About the service

Primrose House Nursing Home is a care home registered to provide accommodation and nursing care for a maximum of 26 older people, some of whom may have dementia. The home may also admit people with a physical disability. At this inspection there were 25 people living in the home.

People's experience of using this service

People and their representatives were satisfied with the care provided. Staff treated people with respect and dignity. People felt safe in the home. Risk assessments had been documented. Risks to people's health and wellbeing had been assessed. There was detailed guidance for staff on how to minimise risks to people.

There were arrangements to protect people from abuse. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse.

People received their prescribed medicines. There were suitable arrangements for the safe administration of medicines.

There were sufficient staff to attend to people's needs. Staff had been carefully recruited and essential pre-employment checks had been carried out. They had received training and had knowledge and skills to support people. Staff were supported in their roles and duties. There were arrangements for staff support, supervision and appraisals.

The premises were clean and tidy. There was a record of essential maintenance carried out. Fire safety arrangements were in place.

People's nutritional and dietary needs and preferences were met. Staff supported people to have a healthy and nutritious diet.

People could access the services of healthcare professionals when needed. Their healthcare needs had been assessed and attended to.

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 services supported this practice.

The service provided people with person-centred care and support that met their individual needs and preferences. People's care needs had been carefully assessed prior to them coming to the home. Staff were knowledgeable regarding these needs.

People could participate in a range of social and therapeutic activities. The service arranged events to

celebrate special cultural and religious days.

There was a complaints procedure and people knew how to complain. Complaints recorded had been promptly responded to.

The service was well managed. Management monitored the quality of the services provided via regular audits and checks. The results of the recent satisfaction survey indicated that people and their representatives were satisfied with the care and services provided.

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

Rating at last inspection:

The last rating for this service was good (published 22 September 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good 

Primrose House 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 Care Act 2014.

Inspection team:

The inspection team consisted of 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.

Service and service type:

Primrose House Nursing Home is a 'care home'. People in care homes receive accommodation or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the CQC. The registered manager 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

This inspection was unannounced.

Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. We also reviewed reports about the home provided by the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives. We also spoke with a director and senior manager of the company, the nurse in charge, the quality monitoring manager, the administrator, the chef and five care staff. We reviewed a variety of records which related to people's care and the running of the service. These records included care files of six people using the service, six staff employment records, policies and procedures, maintenance and quality monitoring records. The registered manager was on leave when we visited.

After the inspection

We received feedback from two care professionals.

Is the service safe?

Our findings

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

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

Using medicines safely

- People received their medicines as prescribed. Medicines were managed safely. Medicines administration records (MAR) examined had no unexplained gaps.
- Medicines were stored securely and at the correct temperatures.
- Daily stock checks took place. Monthly medicines audits had been carried out to ensure that procedures were followed.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused.
- People told us that they were safe in the home. One person said, "I'm alright, I feel safe because this is where I live - no problem at all."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded. Risk assessments included risks associated with falling, malnutrition, diabetes and pressure sores. Risk assessments contained guidance for minimising risks to people. Staff we spoke with were aware of how to keep people safe from these risks.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.
- The home had a fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out. The London fire authority had inspected the home last year and found the fire safety arrangements to be satisfactory.
- Records showed that a range of maintenance and safety inspections had been carried out by specialist contractors to ensure people lived in a safe environment. These included inspections of the fire alarm system, gas boiler, portable electrical appliances and electrical installations.
- Staff checked the hot water temperatures prior to people having a shower. This ensured that people were protected from scalding.

Staffing and recruitment

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before staff were employed.
- The service had adequate staffing levels to meet the needs of people. We observed that staff went about their duties in a calm and organised manner. Staff said they were able to complete their allocated tasks. We

did not see people's care needs not being met. People and their relatives told us that people's needs had been attended to.

Preventing and controlling infection

- The home was clean and there were no unpleasant odours.
- Staff had received infection prevention and control training. Protective clothing, including disposable gloves and aprons were available and staff used them. Hand gel was available for staff, people, and visitors.
- The service had an infection control policy to provide staff with guidance on how to minimise the risk of infection.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, there was guidance provided to staff for preventing re-occurrences.

Is the service effective?

Our findings

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

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

- The service carefully assessed people's needs and choices. This was evidenced in the people's care records. Records contained details of people's needs, their daily routines, dietary, cultural, and religious observances. This ensured that people's individual needs were met by staff.
- Feedback from people and their relatives indicated that people had received the required care. Regular reviews of care plans had been carried out with people, their relatives and care professionals involved.

Staff support: induction, training, skills and experience

- New staff had received a comprehensive induction to prepare them for responsibilities in their roles.
- Staff records indicated that staff had completed a range of training relevant to their role. Training included administration of medicines, food hygiene, infection control, moving and handling and safeguarding. Care professionals stated that staff appeared capable and able to meet people's needs.
- Staff told us that their managers were supportive and approachable. There were arrangements for regular supervision and a yearly appraisal of their performance.
- People and their representatives spoke highly of staff. A person said, "Yes, there's been the odd thing you might criticise, but the staff do a good job caring for my relative." A care professional said, "I have not observed any concern on staff's competency and their capabilities. I find them well trained and they know their clients very well."

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

- The nutritional needs of people were met. The service assessed people's needs and arrangements were in place to meet people's dietary needs and preferences.
- Staff had arranged appointments with the dietitian and speech and language therapist when needed.
- People had been consulted regarding their preferences. They informed us that they were mostly satisfied with the meals provided. One person said, "Yes I have a meal I like. They ask what I want and if I want something else, they give it." Another person said, "Yes I am satisfied with the meals! They do try."

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

- Staff engaged with social and healthcare professionals. This ensured that the needs of people could be met. Records of appointments people had with these professionals were recorded.
- A relative informed us that a healthcare professional had visited their relative in the home to assess them.
- One healthcare professional told us that staff communicated well and followed their professional guidance when caring for people.

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

- The home was well lit. The corridors and communal areas were colourful, had interesting ornaments and pictures which were familiar to people and reflected the era they lived in. There were old fashioned biscuit tins, posters of celebrities of their era such as Charlie Chaplin, and a film reel. These provided people with opportunity to reminiscence about their past.
- The home had a "cafe". This was a separate room where people could sit and have their drinks and meals. It was decorated and furnished like an old-fashioned small cafe with period pictures, a vintage clock and posters.
- People's bedrooms were comfortable and well furnished. They were personalised with people's pictures and ornaments. This ensured that people felt at home. A ramp was used to access the garden from the lounge. There was a new lift with audible announcements.
- The garden was attractive with a sheltered seating area and an area with herbs and plants which provided sensory stimulation.

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

- Staff supported people to live healthy lives. This was confirmed by people and their representatives. Care records contained details of action taken to meet their health needs such as those with diabetes and dementia.
- Staff arranged appointments with healthcare professionals such as their GP, dietitians, physiotherapists and the podiatrist when needed. A healthcare professional told us that staff had followed their guidance and achieved objectives set for people.
- The oral care of people had been assessed and attended to.

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).

- Care plans included detailed information about people's capacity, their mental state and any mental health issues they may have.
- Staff had received MCA and DoLS training. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.
- DoLS authorisations were in place for those who needed them. The administrator told us that she monitored the authorisations to ensure they were current.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with respect and dignity. This was confirmed by people and their relatives. When asked about the care provided, one person said, "Yes, they care with love." Another person said, "They treat me very well." A third person said, "Yes, the staff are very nice and polite. In the morning they give me a shower and are always respectful. I never feel lonely, they talk to me. We tell jokes and laugh. I'm very happy here."
- On both days of the inspection, we observed positive interaction between people and staff. Staff spent time with people. They talked with people in a respectful and friendly manner.
- The home responded to the equality and diverse needs of people. Priests from different religions had visited their members and conducted services in the home. One person was assisted in attending their chosen place of worship nearby. Meals were provided which met people's diverse religious observances and personal choices. A person wanted to visit a venue which was important to them. This was responded to and staff accompanied them there. Pet therapy was organised for a person who loved animals.

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

- Staff held monthly meetings where people could express their views. This was confirmed by people we spoke with. The minutes of meetings indicated that staff noted people's choices and preferences regarding activities provided.
- People and their relatives told us that staff had discussed people's care with them and they involved in decisions made. Relatives had been invited to reviews of care organised and the service kept relatives informed of people's progress. One relative said, "I'm contacted if there's something of major concern, but someone is here every day, so we can discuss it when we come in."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff protected their privacy and staff knocked on their bedroom door before entering. One person said, "They always knock, only at night time they don't knock. They just check on me when I'm sleeping."
- Staff told us that they ensured people's privacy was protected when they provided personal care. They said they would close doors, and if necessary close the curtains too.
- People were encouraged to be as independent as possible. They were prompted to wash their own face and body where possible. Staff encouraged people to choose their own clothing and to dress themselves. Some people with dementia were provided with special cutlery and plates to assist them feed themselves. There was a "hydration station" in the lounge where people could pour themselves drinks such as juice or

squash.

Senior staff provided us with examples of good practice. They stated that a person who had been bedbound on arrival at the home could now go to the dining room with the assistance of staff. This person had been provided with good nutrition and physiotherapy and encouraged to be as independent as possible.

- The home provided with a second example of good practice whereby they encouraged a person with a mental health condition to improve their health and participated in an activity they enjoyed. This person on arrival at the home had isolated themselves and refused food and medicines.
- A third person had been admitted to the home as they had been neglecting themselves and had very poor personal hygiene. With encouragement and care, this person's personal care had improved and they now enjoyed participating in activities and socialising with others. The home had also arranged a musical session for this person in response to their preference.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remains good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support. Their care needs had been assessed and appropriate care plans prepared.
- Staff were well informed and knew how to support people. People and their relatives were satisfied with the care provided. A relative said, "My relative is dependent on the staff. I don't think they'd be alive if the staff weren't good at their job." Another relative said, "The nursing care is excellent. Me and my siblings are very pleased with this home and have no problem recommending it."
- Several people in the home had diabetes. We found that staff were knowledgeable regarding the specific care needs of people. Staff monitored their glucose levels of people and administered the medicines people needed. We also discussed at the care of people with pressure sores with the nursing staff and checked care plans and monitoring records. We found that the service had suitable arrangements for pressure area care and this included reviewing care with the tissue viability nurse.
- There was a systematic approach to assessing and providing activities for people. They were assessed according to their abilities and appropriate activities were planned individually. These included reminiscence, arts and crafts, games and exercises. Arts and crafts that people had been involved in were on display in the home. These included paintings, and a large paper floral display on a wall. People also had opportunity to personalise their walking frames and door knockers.
- A clothes show was organised twice a year where people could try out and purchase clothes they liked. Musicals were performed by visiting entertainers. There were visits by local school children who interacted well with people. Some people attended a pantomime at a local church last year. We however, noted that the home did not currently have a full time activities organiser an appointment had been made. The quality assurance manager stated that this post would be filled. In the meantime, allocated care staff and the quality assurance manager took responsibility for organising activities.
- Information about people's personal histories and their individual backgrounds were recorded in people's care records. Staff knew how to assist people to follow their religious and cultural observances. They told us how they supported a person to eat food that was in line with their religious requirements.

Meeting people's communication needs

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

- The home had a procedure for meeting this standard and the quality assurance manager stated that this standard has been discussed with staff. Certain important documents were in big print so that people could

understand them easily. This was evidenced in the notices displayed, menus and activities timetable. In addition, each person's care record contained a communication section with information regarding how to effectively communicate with people. Some staff could speak the languages of people whose first language was not English.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed on the noticeboard in the reception area. There was a complaints box located by the front door.
- Complaints received and recorded had been promptly responded to.

End of life care and support

- The service had suitable arrangements for providing end of life care. There was an end of life policy to provide guidance for staff. Staff had also received end of life training.
- The service had explored the end of life preferences with people and their representatives. These were documented in people's care records.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had established a culture that was open, inclusive and put people at the heart of the service.
- Staff ensured people's needs were met through ongoing review of their care and consultation with their representatives.
- Monthly staff meetings had been held where staff could express their views and received updates regarding the care of people.
- People and relatives we spoke with told us that the service was well managed, and people were well cared for. A relative said, "The home is well managed. My relative is well looked after and always clean when I visit. Staff are aware of his religious and cultural needs."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The senior staff of the home and director of the company were aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. They knew when they needed to report notifiable incidents to us.
- Care documentation and records related to the management of the service were well maintained and up to date.

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

- People who used the service had opportunities to feedback about the care provided. An annual survey had been carried out. The analysis of completed feedback forms indicated that people were mostly satisfied with the services provided. The service had an action plan for improving the care provided.
- The director of the company and senior staff stated that they had have regular contact with care professionals and consulted with them when needed. This was confirmed by care professionals we contacted.
- People's diverse and individual needs had been met. Several people stated that they had vegetarian meals. Other people were able to continue with their religious and cultural observances such as attending places of worship and having meals which met their religious needs.
- Care professionals stated that staff worked well with them to ensure that the needs of people were met.

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

regulatory requirements.

- There was a management team in place. The registered manager was supported by an administrator, a quality assurance manager. She managed a team of nurses and care staff. A director of the company also visited the home weekly to provide support for the registered manager.
- Staff felt well supported. They told us the registered manager was approachable and listened to them.
- Staff meetings and supervision sessions were used to share information about people and the service. Morale and communication within the team was good
- We saw that staff went about their duties in a calm and orderly manner. They were knowledgeable regarding their responsibilities towards people.

Continuous learning and improving care

- The service had a quality assurance system with a quality assurance manager overseeing it. Spot checks were carried out by senior managers when care was provided to ensure that staff provided the care people needed. Checks were also carried out daily and weekly in areas such as medicine stocks, maintenance of the building and the hot water system. Audits took place monthly. These audits included areas such as complaints, accidents, health and safety and staffing arrangements. Outcomes of audits were discussed with the registered manager of the home and staff so that action could be taken to improve the service.