Primrose Care Home Hetton Ltd

Primrose Care Home

Inspection report

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14 June 2018
20 June 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 13 June 2018 and was unannounced. A second day of inspection took place on 14 June 2018 and was announced. We met with the provider on 20 June 2018 at their request.

Primrose Care Home 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. Primrose Care Home provides personal care for up to 22 people. At the time of our inspection there were 18 people living at the home who received personal care, some of whom were living with a dementia.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This is the first inspection of this service under the management of Primrose Care Home Hetton Limited, who registered with the Care Quality Commission to manage this service in June 2017. We last inspected this service in February 2017 when it was managed by another provider.

During this inspection we found legal requirements were being met and we have given this service an overall rating of good.

People and relatives spoke positively about the care provided. People told us they felt safe.

There was a welcoming and homely atmosphere at the service. People were at ease with staff and relatives said staff were kind and caring. Staff respected people's privacy and dignity. There were positive relationships between people, relatives and staff.

Staff had received training in safeguarding and knew how to respond to any concerns. Safeguarding referrals had been made to the local authority appropriately, in line with set protocols. Lessons had been learnt and practice changed following safeguarding incidents.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service.

Medicines were mostly managed safely. We identified some issues around medicines record keeping but this was due to the provider recently changing their medicines administration process. The provider sent us evidence they had rectified this following our inspection.

Each person had an up to date personal emergency evacuation plan (PEEP) which provided staff with

information about how to support them to evacuate the building in an emergency situation

Staff training in key areas was up to date. Staff received regular supervisions and appraisals and told us they felt supported.

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

People were supported to have enough to eat and drink and attend appointments with healthcare professionals.

The service had received several written compliments from people and relatives since the current provider had taken over the management of the service.

Care plans were detailed and person-centred and contained important information about people's life stories so staff could get to know people well.

People and relatives knew how to make a complaint and were happy approaching staff or the registered manager if they had any concerns.

People were supported to engage in meaningful activities and access the local community.

Systems were in place to assess the quality of care provided.

People and relatives felt the service was well managed. Staff described the registered manager as approachable and said things had improved since the current provider had taken over the management of the service.

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.

Medicines were mostly managed safely, although we found some issues with record keeping.

People told us they felt safe when receiving care and support.

Staff had completed safeguarding training and understood their responsibilities to report any concerns.

There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

The service worked closely with other professionals and agencies to ensure people's health needs were being met.

Staff adhered to the principles of the Mental Capacity Act 2005.

Staff received regular supervision and training to support their learning and development.

People were supported with nutrition and hydration.

Is the service caring?

Good

The service was caring.

People said staff treated them well and they liked living there.

Staff were compassionate and kind.

Staff respected people's choices and rights.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care plans were very detailed and person-centred.

Staff were responsive when people's needs changed.

People told us they enjoyed the activities on offer.

People and relatives knew how to complain. Complaints were handled appropriately.

Is the service well-led?

Good

The service was well-led.

Systems were in place to assess the quality of care people received.

Staff meetings were held regularly and staff felt able to raise concerns with the management team at any time.

People, relatives and staff spoke positively about the registered manager.

There were good links with the local community.

Primrose Care Home

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 13 and 14 June 2018. The first day of the inspection was unannounced which meant the provider did not know we would be visiting. The second day of inspection was announced so the provider knew we would be returning. We met with the provider (both owners) on 20 June 2018 at their request. The inspection was carried out by one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, and other professionals who worked with the service to gain their views of the care provided at Primrose Care Home.

During the inspection we spent time with people living at the service. We spoke with six people and five relatives. We also spoke with the manager, the provider (both owners), the deputy manager, two senior care assistants, four care assistants, two activities co-ordinators, two members of kitchen staff and two members of domestic staff.

We reviewed three people's care records and three staff recruitment files. We reviewed medicine administration records for five people as well as records relating to staff training, supervisions and the management of the service.

Due to the complex needs of some of the people living at the service we were not always able to gain their views about the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Medicines were mostly managed effectively and safely, although we found some issues with medicines record keeping. For example, people's medicine records lacked detailed guidance for staff to follow relating to 'when required' medicines. Some people were prescribed pain relief such as paracetamol to be taken 'when required' or medicine to treat extreme anxiety, but there was not detailed guidance in place to assist staff in their decision making. However, when we spoke with staff they gave us detailed descriptions about when they would administer 'when required' medicines, so the risk of people not receiving 'when required' medicines when they needed them was reduced.

When we spoke with the registered manager about this they said that they had recently changed their medicines administration system, and records confirmed this. The new system had been in place for two weeks and some 'teething problems' were apparent. The provider sent us evidence they had rectified these issues following our inspection.

Medicine records did not contain photographs of people. This increased the risk of mistaken identity when staff administered medicines if staff were unfamiliar with people who used the service. This risk was minimised as agency staff were not being used and staff had worked at the service for some time and knew people well. When we spoke with the registered manager about this they showed us a previous medicine file, that had been used until a couple of weeks before our visit, which contained people's photographs. The registered manager said they would rectify this immediately.

Medicine administration records (MARs) we viewed had been completed correctly. Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature for them to be considered effective.

There were mostly effective systems in place to reduce the risk and spread of infection although there was only one entrance to the laundry room which meant clean and dirty linen could not be segregated effectively. We noted a build-up of dust behind the electrical equipment in the laundry which posed a fire hazard. Following our inspection the provider informed us the laundry had been deep cleaned. Cleaning records showed all areas of the service were cleaned regularly. One of the domestic staff told us, "[Registered manager] has introduced new cleaning schedules. Things are much more organised now with this new regime." We saw that personal protective equipment such as gloves and aprons were readily available and liquid soap and hand gels were provided.

People and relatives spoke positively about the care provided at Primrose Care Home. People told us they felt safe living there. One person told us, "I get well looked after here. I feel safe and the staff are great." Another person said, "It's great, just like being on holiday." A relative commented, "I'm really happy with the care [family member] receives here and I feel they are safe."

Safeguarding referrals had been made and investigated appropriately. A log of all concerns was kept up to date and staff had access to relevant procedures and guidance. Staff told us, and records confirmed, they

had completed training in safeguarding vulnerable adults and this was updated regularly. Staff understood their safeguarding responsibilities and told us they would have no hesitation in reporting any concerns about the safety or care of people who lived there. Staff said they felt confident the registered manager would deal with safeguarding concerns appropriately.

We noted the registered manager had conducted very thorough investigations into safeguarding incidents and demonstrated several examples of where lessons had been learnt. For example, one safeguarding incident had resulted in a further assessment of a person's needs and appropriate equipment was then put in place.

People and relatives said there were enough staff on duty. We spent time observing staff responses throughout the inspection. We did not witness call bells ringing for long periods and noted that when people called for assistance this was given within a reasonable response time. This meant there were enough staff to meet people's needs promptly.

We looked at staff rotas for the week of the inspection and the previous two weeks. At the time of the inspection there were 18 people using the service across two floors. Rotas showed that each shift was covered by one senior and four care assistants. The registered manager was on duty from Monday to Friday and covered late shifts and weekend shifts so they could observe the quality of care provided. In addition to care staff the provider employed other staff in a range of support roles such as domestic staff, kitchen staff, and activities co-ordinators.

Each person's level of dependency was scored and reviewed monthly to establish the staffing levels. The registered manager told us, and records confirmed, that people's needs had increased and more staff were needed which the provider had implemented. This meant the registered manager and provider were responsive when people's needs changed.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service. Identity and background checks had been completed which included references from previous employers and a Disclosure and Barring Service (DBS) check.

An extensive refurbishment programme was underway which demonstrated commitment by the provider to improve the environment for the people who lived there. Flooring had been replaced on both floors and walls had been painted or papered to a good standard. People had been offered the opportunity to have their bedrooms redecorated, although some people told us they were happy as they were. The garden area was also being redesigned so it could be accessed by everybody safely which people said they were looking forward to.

Regular planned and preventative maintenance checks and repairs had been carried out. These included regular checks of the premises and equipment such as window restrictors, fire extinguishers, water temperatures, emergency lights, pest control and call bells. Other maintenance checks such as electrical and gas safety checks were up to date.

Each person had an up to date personal emergency evacuation plan (PEEP) which provided staff with information about how to support them to evacuate the building in an emergency situation such as a fire or flood.

Risk assessments about people's individual care needs were in place, for example in relation to falls, pressure damage and nutrition. Control measures to minimise the risks identified were set out in people's

care plans for staff to refer to.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends although none had been identified. Records showed appropriate action had been taken by staff, such as referring a person to the falls team or obtaining assistive technology to prevent recurrence.

There was a welcoming and homely atmosphere and there was no malodour present.

Good

Is the service effective?

Our findings

Staff training in key areas was up to date. The registered manager used a computer-based training management system which identified when each staff member was due further training. Some staff who had recently returned to work after a period of absence needed to complete updated training. We saw this had been arranged and was due to be completed soon. Staff had completed training on topics such as infection control, safeguarding vulnerable adults and equality and diversity. Staff we spoke with said they had completed training appropriate for their role. The registered manager said, "When I started working here some staff training had lapsed and was out of date, but we're on top of that now."

Staff told us, and records confirmed, staff received regular supervisions or one to one meetings and appraisals with their line managers. Supervisions are important to ensure staff have structured opportunities to discuss training needs and future development and to promote best practice. Supervision records contained a good level of detail regarding the topics discussed and any resulting actions. Staff told us they felt supported by the registered manager and felt able to raise any issues as and when they arose without needing to wait for supervision.

The registered manager carried out comprehensive assessments of each person before a care placement was agreed or put in place. This meant the provider was able to check whether or not the care needs of the person could be met and managed at the home. Following the assessment all risk assessments, care records and support plans were developed with the person and their representative where appropriate.

People were supported to maintain a balanced diet and to have enough to eat and drink. We observed lunch time during our inspection. There were enough staff to support people to eat and people could eat wherever they wanted which meant their choices were respected. For example, some people preferred to eat in the conservatory rather than the dining room.

On the first day of inspection lunch was a choice of sausage and mash or mince and dumplings with vegetables followed by orange cake and custard. Other options were available such as salads or sandwiches but people we spoke with said they preferred a hot meal at lunch time. Meals were hot, cooked with fresh ingredients and looked appetising. Hot and cold drinks were readily available depending on people's preferences. Staff asked people if they would like an apron to protect their clothes. Staff supported people to eat and drink in a discreet and gentle way. The dining experience was pleasant and relaxed.

Kitchen staff we spoke with knew people's dietary needs and preferences well. People told us the food was of a good standard and they had enjoyed their lunch. One person told us, "We have good cooks here." A relative said, "The food is home cooked and there's always plenty of it." The registered manager told us how they planned on conducting a food survey shortly so they could make changes to the menu if people wanted that.

We reviewed people's records relating to nutrition. People were weighed when necessary and their BMI (body mass index) calculated. Food and fluid charts were in place where appropriate and staff could tell us

why this was necessary for each individual concerned. Fluid charts were totalled at the end of each 24 hour period, although we noted people's target daily fluid intake range was not always specified. When we mentioned this to the registered manager they said they would liaise with professionals to address this. We did not have any concerns that people were at risk of dehydration as records showed people were receiving enough to drink. Staff we spoke with said they would flag any concerns about people's fluid intake with senior staff immediately

People were supported to access appointments with healthcare professionals such as the GP, occupational therapist and community nurse. Referrals to the falls team, dietician and other health care professionals were made appropriately and care plans reflected the advice and guidance provided by healthcare professionals. This demonstrated that staff worked with various healthcare agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

Staff told us they had good working relationships with other health and social care professionals. The registered manager told us, "We have good relationships with professionals. For example, the local GP rings every morning to ask if anyone needs a visit."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

We found that DoLS applications had been made and authorised for seven people by the relevant local authorities. Records showed decisions had been made in three people's best interests in conjunction with their family members, staff members and professionals regarding the use of bed rails. However, the appropriate best interest documentation was not in place for the administration of covert medicines (that is giving medicines in a disguised form such as in food or drink) for one person. Their care records contained a letter of authorisation from the GP with detailed instructions for staff to follow regarding the safe administration of covert medicines. The registered manager told us they had been unable to arrange a suitable time for a best interest meeting which all parties could attend, but said they would ensure the appropriate documentation was completed for this person.

Staff told us how they involved people to make their own decisions where possible, for example when choosing how to spend their time or what to wear. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. This meant the service was meeting the requirements of the MCA.

The premises were a converted house so the width of corridors was limited, but people who used mobility equipment moved around the building without any difficulty. We saw that adaptations had been made to the physical environment to reflect best practice in dementia care. For example, picture signs on doors and contrasting colours were used to help people with short term memory loss find their way around the home,

which can reduce anxiety levels. The registered manager told us how they planned to develop this further as part on the ongoing refurbishment programme.

Good

Is the service caring?

Our findings

People spoke positively about the care they received. One person said, "I get all the care and attention I need here. I can't fault the staff one bit." Another person told us, "The staff here are really good. They take you places and always make sure you've got everything you need. I've got no complaints whatsoever, I trust the staff here." A third person said, "This is my first time in a care home and it's great. The staff are very good and really friendly."

Relatives told us staff were kind, caring and respectful. A relative told us, "It's not like a care home here, it's more like a big house for one big happy family. We know the staff really well and they're all great. Staff are so kind and always treat [family member] with the utmost of respect." Another relative said, "I wouldn't have [family member] anywhere else. The staff are very good."

We saw staff showed people kindness, patience and respect and offered people lots of praise and gentle encouragement. For example, we heard one staff member say to a person while supporting them to eat their lunch, "Just try a little bit. I think you'll like it. Just eat what you can." Staff promoted independence but were quick to offer support when needed. For example, staff supported one person to use their walking aid and then walked down the corridor alongside them with the person's consent.

Staff respected people's preferences and gave them choices how to spend their time. Most people enjoyed the company of others and staff in the dining room. Other people described how they chose to spend most of their day in their bedroom and said their preference to do this was fully respected. One person said, "I like being in my room as I love watching the television and staff know that." Staff supported people to be independent without unnecessary risks to their safety.

Some people who used the service were unable to tell us about the care they received, but throughout our visit staff addressed people in a respectful and considerate manner and communicated with people as individuals. For example, by giving people time to respond to questions and keeping sentences short. There were good interactions between staff and people who used the service, particularly those living with dementia. For example, we saw one staff member comforting and reassuring a person who was anxious by supporting them to a quiet room and speaking to them softly.

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Throughout our visit the atmosphere in the communal areas was good natured and people looked relaxed and happy in the company of the staff who, when needed, provided comfort and reassurance to people. For example, holding their hands and stroking their arms. Staff spoke fondly about the people they supported and it was clear they had developed a good relationship with each person and their families.

We saw positive relationships between people and staff. People's facial expressions and body language showed they were comfortable in the presence of staff and enjoyed a laugh and a joke with them.

The service had received several written compliments from people and relatives since the current provider had taken over the management of the service. Comments included, 'I would recommend Primrose Care

Home to any family needing help with a family member,' 'Nothing is too much trouble for the staff, all I need to do is ask. I love it here' and 'I like being here, this is my home. They all look after me well.'

Information about advocacy support from external agencies was available. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. Four people who used the service had an advocate to support them as and when needed.

A residents' guide (an information booklet that people received on admission) which contained information about the service was not available for us to view during our visit as this was being redesigned. People we spoke with said they had been given plenty of information about the service before they moved in and afterwards. People told us the registered manager and the owners of the home had introduced themselves when people moved in which people appreciated.

Good

Is the service responsive?

Our findings

Staff demonstrated a good understanding of people who used the service and were effective at responding to people's needs, particularly when they changed. A relative told us, "Staff were responsive when [family member] didn't eat for 24 hours. They noticed something was wrong immediately and they took them to hospital. They're responsive like that. They let us know straight away. They always keep us informed of every single thing."

People had a range of care plans in place to meet their needs relating to areas such as personal care, eating and drinking, medicines, skin care, continence and mobility. Care plans were personalised, very detailed and included people's choices, preferences, likes and dislikes. Care plans contained relevant detail and clear directions to inform staff how to meet the specific needs of each individual. Staff we spoke with had a good understanding of people's preferences and wishes and we observed staff using this information in their day to day role when supporting people.

Care plans contained information about people's social history, family background and hobbies. This meant staff could get to know people as individuals and talk to people bout the things that mattered to them. A relative told us, "Staff know all about [family member's] life history and what they like and don't like. As a family we're so happy [family member] is in such a family orientated home."

Care plans were reviewed on a regular basis, as well as when people's needs changed. All care plans we viewed were up to date and reflected the current needs of the individual concerned. Records showed people and relatives were involved in care planning where appropriate.

People were supported to take part in meaningful activities and access the local community. A range of activities were available which included board games, bingo, dominoes, baking, gardening, topical discussions, arts and crafts and reminiscence. People told us they enjoyed going out for afternoon tea, attending events at the local community centre, going to coffee mornings at the local church and having entertainers visit the home. People told us how they had put plants in containers to brighten up the garden while it was being redesigned. On the first day of our visit staff supported one person to go shopping in Eldon Square. This person told us, "I've had a great day and staff have even kept my dinner for me."

We spoke with both activities co-ordinators who spoke enthusiastically about their role and their plans to further develop the activities programme with input from people who used the service. One of the activities co-ordinators said, "Activities are very much resident-led. We have a plan in place for what activities we might like to do but this can change if people decide they want to do something else instead. We've recently made links with Age UK Sunderland so we're hoping to develop that."

The provider had a complaints policy in place. People and relatives told us if they had any concerns they would speak to staff members or the registered manager straight away. Nobody we spoke with had any complaints about the home. Complaints we viewed had been dealt with appropriately and timely.

No one at the service was receiving end of life care at the time of our visit. However, there was a section within people's care plans to capture people's wishes, where people felt able to talk about this sensitive area.

Good

Is the service well-led?

Our findings

The provider had a quality monitoring or audit system in place to review areas such as safeguarding, complaints, medicines and care plans. Audits had identified and generated improvements within the service for example extensive improvements had been made to the premises and new mattresses had been bought. The registered manager showed us a full service audit that had been completed by an external consultant in November 2017. This had led to an extensive action plan with target dates for completion. All actions had been completed or were being addressed at the time of our inspection. This meant audits were effective in identifying and generating improvements within the service.

The registered manager said they felt supported by the provider and were pleased to see how much time and money they had invested in the service. The registered manager told us, "The owners are very hands-on and are here a lot. They are very involved and give me plenty of support. Anything I want I can just ring them up. We've got a cracking team here."

People and relatives we spoke with felt the service was well-led. One person said, "[Registered manager] is great, a lovely lass. She always makes time to speak to you and asks how you are." A relative told us, "I've never had any problems with the management whatsoever. Nothing is too much trouble."

Staff spoke positively about the registered manager and provider. A staff member told us, "Things are okay since the new owners took over. [Registered manager] has made a lot of improvements. She's really approachable, you can go to her with anything." Another staff member said, "[Registered manager] is very approachable. We see them all of the time and the owners are always popping in."

Staff meetings were held regularly where all aspects of the service were discussed, for example people's support plans, rotas, safeguarding and health and safety. Staff told us they felt able to raise any concerns at these meetings or at any time. Minutes of staff meetings were taken so staff not on duty could read them later.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the CQC when required in relation to significant events that had occurred in the home.

The home had good links with the local school, church and community centre.

Feedback from people and relatives was sought via an annual survey. Five relatives had responded to the most recent survey in February 2018. The feedback from respondents was positive.

A 'you said we did' board was on display which described issues that had been raised and how the provider had responded. For example, when people said activities could be improved the provider acted on this and employed a second activities co-ordinator so activities could be provided seven days a week. People and

relatives said activities had improved as a result. This meant the provider acted on people's feedback.