

Primrose Bank Ltd

Primrose Bank Rest Home

Inspection report

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10 January 2018

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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on the 09 and 10 January 2018 and the first day was unannounced.

Primrose Bank Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Primrose Bank Rest Home provides residential accommodation for up to forty-five people and is registered to provide personal care to people who live at the home.

The property is an extended detached house situated on a main access road to Poulton Le Fylde. There is a secluded garden to the side and front of the property and car parking is available at the rear of the home. There are a range of aids and adaptations provided to meet the needs of people who live there. On the day of inspection visit there were 37 people living at the home.

At the time of inspection there was a manager who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission 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.

We last inspected Primrose Bank Rest Home in March 2016 and identified no breaches in the regulations we looked at.

This inspection of Primrose Bank Rest Home was brought forward from its initial scheduled date. This was because we had received information of concern regarding the care and support people received and the safe management of medicines. We used the information we received to plan our inspection effectively.

During this inspection carried out in January 2018 we found medicines were not managed safely. We found some medicines were not recorded within the Controlled Drugs Register and there was no guidance for staff on why and when people should receive their 'as and when' medicines. In addition, we found medicines were not stored safely. We found the fridge where medicines were stored did not have the minimum and maximum temperature monitored to ensure medicines were stored at the correct temperature. We noted handwritten medicine administration records were not always signed by two staff. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Safe care and treatment.)

People told us they were happy living at Primrose Bank Rest Home and the care met their individual needs. We found people were referred to other health professionals for further guidance and advice when this was required.

We found care records did not always record the up to date needs of a people who lived at Primrose Bank Rest Home. We found risk assessments on equipment to keep people safe and promote independence were not always documented. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Good Governance.)

We reviewed the audit systems at Primrose Bank Rest Home. We found the audits had not identified the areas of concern we had noted with the safe management of medicines and care records. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Good Governance.)

We saw applications were made to ensure that where people's rights were restricted, this was done so lawfully. We saw evidence people's mental capacity was assessed and people were asked to consent to their care whenever possible.

During the inspection we spoke with eleven people who lived at the home. People we spoke with told us they were happy at the home and they liked the staff. People told us they were supported in the way they agreed and they enjoyed the meals provided.

People told us their privacy and dignity was respected and they took part in activities if they wished to do so. During the inspection we saw people were asked to engage with activities. We observed a meeting taking place where people could give formal feedback regarding the meal provision at the home.

There were systems to protect people at risk of harm and abuse. Staff were able to explain abuse and the actions to take if they suspected people were being abused.

We found appropriate recruitment checks were carried out. This helped ensure suitable people were employed to work at the home. We found there were sufficient staff to meet people's needs. People were supported in a prompt manner and people told us they had no concerns with the availability of staff.

Staff told us they received regular supervisions and appraisals to ensure training needs were identified. Staff told us, and we saw documentation which evidenced staff received training and development opportunities to maintain their skills.

We viewed the kitchen and saw it was well stocked with a variety of tinned, frozen and fresh produce. All the people we spoke with told us they were happy with the meals provided and they were given an alternative if they did not like the meals offered to them.

There was a complaints policy which was understood by staff. Information on the complaints procedure was available in the reception of the home. People told us they were confident any complaints they had would be investigated. We saw documentation which evidenced the registered manager investigated and responded to complaints made. The registered manager told us they would support people to access advocacy service and we saw information was available for people to refer to.

People who lived at the home were offered the opportunity to complete surveys and meetings were available for people to participate in. People and relatives also told us they found the registered manager approachable if they wished to discuss any matters with them.

It is a legal requirement the home conspicuously displays its last CQC rating. We noted this was available in the reception area of the home and also on the registered providers website.

This is the first time the service has been rated Requires Improvement.

You can see what action we told the provider to take at the back of the full version of the report.

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.

Individual documentation did not consistently describe the support people needed to maintain their safety and wellbeing.

Risk controls were not always documented to ensure staff were aware of risk.

Medicines were not always managed safely.

Staff were aware of the policies and processes to raise safeguarding concerns if the need arose.

There were recruitment procedures established to help ensure unsuitable staff were not employed by the service.

Is the service effective?

Good 

The service was effective.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

There were processes to ensure if people's rights were restricted, this was done lawfully.

There was a forward plan of training to ensure staff skills remained up to date. Staff confirmed they were able to attend training activities.

People's needs were assessed in accordance with their care plans.

People were able to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Is the service caring?

Good 

The service was caring.

People told us staff were caring and respectful.

People's privacy and dignity were upheld.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Is the service responsive?

Good ●

The service was responsive.

People told us they were consulted regarding their care and their wishes respected.

People were able to participate in activities which were meaningful to them.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures and how to refer complaints to the registered provider.

People were supported to discuss their end of life care.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Audit processes had not always identified if improvements were required and action needed.

Staff told us they were supported by the management team.

Communication between staff was good. Staff consulted with each other to ensure people's needs were met.

Primrose Bank Rest 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 checked 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 comprehensive inspection took place on the 09 and 10 January 2018 and the first day was unannounced. The first day of the inspection was carried out by two adult social care inspectors, a specialist advisor and an expert by experience. The specialist advisor had specialist knowledge in the safe management of medicines and the expert by experience had experience of caring for older people. The second day of the inspection was carried out by one adult social care inspector.

At the time of the inspection there were 37 people living at Primrose Bank Rest Home.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns from the public. We also contacted the commissioning bodies at the local authority to ascertain their views on the service the home provided. This information helped us plan the inspection effectively.

During the inspection we spoke with eleven people who lived at Primrose Bank Rest Home and five relatives. We spoke with the registered manager, the administration manager and the trainee manager. We also spoke with the cook, the chef and five care staff. In addition, we spoke with three external health professionals.

We looked at all areas of the home, for example we viewed the lounges and dining areas, some bedrooms and the kitchen. This was so we could observe interactions between people who lived at the home and staff and check the environment was suitable for people to live in. 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.

We looked at a range of documentation which included 14 care records. We looked at different areas of the care records to check how care was recorded and arranged and risk managed. We also reviewed a sample of

medicine and administration records and looked at records relating to the management of the home. These included health and safety certification, recruitment and training records, minutes of meetings and quality assurance surveys. In addition, we viewed two personnel files and a training matrix.

Is the service safe?

Our findings

People who lived at Primrose Bank Rest Home told us they felt safe. One person said, "I'm really safe." A further person said, "When I was at home I was very anxious on my own but here, I feel safe." Relatives we spoke with voiced no concerns regarding their family member's safety.

We viewed eight care records to look how risks were identified and managed. We found some individualised risk assessments were carried out. For example, in relation to weight management and skin integrity. However, we found other risk assessments were not always documented. We saw two people had bedrails fitted to their beds. Staff explained these were used to minimise the risk of people falling from their bed. We also saw two beds had bed levers attached to them. Staff told us these were used to support people with their mobility. Staff confirmed the safety checks they carried out on the bed levers and bedrails. In the care records we viewed, there were no risk assessments to record the steps required to minimise associated risks. This meant written guidance to reduce risk was not available to staff who worked at the home.

We reviewed the care of one person in detail. Care staff we spoke with were able to explain the care and support the person needed in relation to their continence, however the care plan did not give specific guidance on how the person was to be supported. This placed the person at risk of avoidable harm as care may not be delivered in accordance with their needs.

We reviewed a further care record and saw the records were not reflective of the person's current care and support needs. For example, we saw the care record recorded the person was eating well. Staff we spoke with told us this was inaccurate as the person was not eating well. Their care plan guided staff to support them using a hoist if they wished to mobilise. Staff told us the person had been unwell for approximately three weeks and it was not appropriate to use a hoist. We noted in the care record the person could control their own environment by opening and closing their windows, staff told us this was not an accurate reflection of the person's abilities as they could not do this. In addition, we saw the person's 'Personal Emergency Evacuation Plan' was inaccurate. It recorded the person needed one person to mobilise. Staff we spoke with told us the person would need the help of two staff and a wheelchair if they needed to evacuate the building in an emergency. This meant care records were not an accurate reflection of the care and support the person required.

In a third care record we noted a person required support with mobility by using a piece of equipment. Staff we spoke with confirmed this was the case. We viewed the person's 'Personal Emergency Evacuation Plan.' This did not record the equipment the person needed to mobilise. This placed the person at risk as the correct information was not readily available in the event of an emergency.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance) as records were not always reflective of people's current needs.

We checked to see if medicines were managed safely and found improvements were required. We noted handwritten medicine administration records (MAR) were not always signed by staff. This meant the

registered provider was not consistently following the best practice guideline from the National Institute for Health and Care Excellence 'Managing medicines in care homes.'

We viewed two MAR records which had been handwritten by a staff member. We noted a second signatory on the MAR record to confirm the entry was correct. On one of the handwritten MAR we found there were no dates of administration to indicate the date medicine had been administered. This did not protect people's safety when administering medicines.

We looked at the arrangements for controlled drugs. These are medicines which are subject to stricter controls by law. We saw the controlled drug register did not always record the way in which the medicine should be given. For example, we saw one entry which did not record the medicine should be given by injection. We found the controlled drug register did not record where the medicine had been supplied from. This is a legal requirement.

We noted the controlled drug register was not always completed by two staff when controlled drugs were administered. For example, we saw three occasions when a controlled drug was administered and only one staff signature was present. This meant the registered provider was not consistently following the best practice guideline from the National Institute for Health and Care Excellence 'Controlled drugs: safe use and management.'

We looked at the arrangements for the storage of medicines. We saw a locked medicine trolley was not secured to the wall while in a communal area. Upon the trolley was a sign advising the trolley should be secured to a wall. The management team advised the trolley was usually stored in the communal area and they would look at ways of making the trolley secure.

We found the arrangements to monitor the temperature in the medicines store room required improvement. We noted the fridge temperature did not include the recording of maximum and minimum temperatures to ensure medicines were kept at the correct temperature. We also found the temperature of the medicines room was not recorded to ensure medicines were stored at a temperature which did not impact on their effectiveness.

We reviewed one MAR record and found one person was prescribed Warfarin. This was to be administered as two different doses at different times. We found staff signed the same dose on the MAR, regardless of the dose the person received. In addition, we found there were no 'running balances'. These are checks to make sure the totals of the medicines matches the totals administered. We checked the totals of the medicines and were unable to reconcile them to the administration records. We also found essential documentation was not kept with the MAR record. The 'Yellow Book' communicates essential information regarding a person's Warfarin treatment. This placed the person at risk of avoidable harm.

We found best practice guidelines were not always followed. For example, we found there was no written guidance to inform staff when or why 'as and when medicines' should be given. These are used to inform staff how a person may communicate their need for medicines and why the medicine is prescribed. This placed people at risk of care and treatment which did not meet their needs.

These were breaches of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Safe care and treatment.) as medicines were not consistently managed safely.

Following the inspection we were informed by the registered provider that action had been taken to address the monitoring of temperatures where medicines were stored. We were informed an air conditioning unit

had been installed and checks were being carried to ensure medicines were stored at a safe temperature.

During the inspection we checked to see if people were protected from risk associated with the environment. We found checks were carried out to ensure the environment was maintained to a safe standard. We reviewed documentation which showed electrical and lifting equipment was checked to ensure its safety. We also found a legionella risk assessment was in place and the temperature of the water was monitored to ensure the risk of scalds had been minimised.

There was a fire risk assessment to identify how the risk of fire would be minimised. Staff we spoke with were knowledgeable of this. Staff told us they had received training in this area and were confident they could respond appropriately if the need arose. We noted window restrictors fitted to some first floor windows were not tamperproof as recommended by the HSE Guidance 'Falls from windows or balconies in health and social care.' There was a risk assessment to minimise the risk of falls from these windows and the administration manager told us they were confident in the controls in place.

We recommend the service seeks expert guidance from a reputable source and reviews the existing risk controls in relation to window restriction.

During this inspection we asked people if they felt there were sufficient staff available to meet their needs. People told us there were. One person commented, "I get all the help I need. You can just press the buzzer and someone will come." A further person told us, "There's always someone to help me." Relatives we spoke with raised no concerns with the availability of staff to support their family member. We discussed staffing with the registered manager. They told us they would ensure extra staff were provided if people required them and staff we spoke with confirmed this.

Staff we spoke with told us they felt there were sufficient staff to meet people's needs. They told us they would raise any concerns with staffing to the management team so these could be addressed. Observations carried out during the inspection visit showed sufficient staff were available. We saw call bells were answered promptly and staff supported people in a calm and unrushed manner. For example, we saw people were supported to mobilise at a pace appropriate to them. We saw staff sat with people and chatted and this was welcomed by people who lived at the home.

We asked the registered manager how they monitored accidents and incidents within the home. We were told all incidents and accidents were reported using accident forms. This information was then reviewed by a senior member of the care team to identify if trends were occurring. We reviewed a sample of accident and incident records and saw evidence incidents and accidents were recorded and lessons learned. For example, saw an accident form which indicated a person had been found sitting against a chair. We saw an action had been recorded that the person was to have a chair of different height. Staff we spoke with confirmed this had been carried out and the person had not slipped from a chair since. Staff told us they were informed if people's needs changed. This demonstrated accidents and incidents were reviewed and actions communicated to minimise the risk of reoccurrence.

Staff told us they had received training to deal with safeguarding matters. Staff were able to explain the signs and symptoms of abuse. Staff told us they would immediately report any concerns they had to the registered manager, administration manager or trainee manager. Staff also explained they would report concerns to the local safeguarding authorities if this was required. One staff member said, "We'd make a safeguarding to protect the residents." During the inspection we saw evidence that if further investigations were required to maintain people's safety, these were referred to the local safeguarding authority as required. The registered manager told us they would involve the person concerned and the family within

this process to ensure people remained informed and were part of any decisions which were required to be made.

During the inspection visit we saw staff used personal protective equipment such as disposable gloves and aprons to ensure the risk and spread of infection was minimised. We viewed communal areas and private bedrooms and saw these were visibly clean. People we spoke with were happy with the standard of cleanliness at the home. One person described their room as, "Spotless."

We reviewed documentation which showed safe recruitment checks were carried out before a prospective staff member person started work at the home. Staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that reduced the risk of unsuitable people being employed. We reviewed the files of two staff members who had recently been employed and found the required checks were completed. We noted appropriate references were obtained.

Is the service effective?

Our findings

People who lived at Primrose Bank Rest Home told us staff looked after them well. One person described their care to us. They explained staff supported them to maintain their wellbeing and independence. They commented, "I'm a retired nurse and I know good care." A second person told us, "This is a great place if you need to be looked after. I'm given my independence but help is always at hand."

We looked at care files and saw pre-assessments were carried out before people moved to the home. We saw these were developed into care plans and people we spoke with told us they had discussed their care needs and choices with staff.

We viewed care documentation which evidenced people were supported to see health professionals as their assessed needs required. For example, we saw people were referred to doctors, community mental health teams and district nurses if there was a need to do so. We spoke with one relative who told us they had asked a staff member to refer their family member to a dentist. The relative told us this had not been carried out. We discussed this with the management team and prior to the inspection concluding we saw the person had been referred to the dentist.

We reviewed the care files of seven other people who lived at the home to check their nutritional needs were monitored. We found nutritional assessments were carried out and people were weighed in accordance with their assessed needs.

We looked at care files and saw pre-assessments were carried out before people moved to the home. We saw these were developed into care plans and people we spoke with told us they had discussed their care needs and choices with staff.

Staff told us they worked closely with external health professionals to ensure people's needs were met. During the inspection process we spoke with three external health professionals who confirmed this.

We asked the management team how information was shared with other health professionals. The management team told us documentation was provided if there was a need to do so, for example if a person visited hospital. This helped ensure other health professionals were informed of the individual's current health and care needs and enabled effective decision making regarding their care and treatment. The management team told us they had recently agreed to take part in the 'Red Bag Scheme.' This is a pilot scheme promoted by the local clinical commissioning group. The aim of the scheme is to improve communication between care providers and support safe and person centred care. This demonstrated the service sought to improve practice and improve people's experiences when transferring between care providers.

We viewed menus which evidenced a wide choice of different foods were available. We found the kitchen was stocked with fresh fruit, vegetables and dry and tinned supplies. People who lived at the home told us the menu was flexible and they liked the food provided. One person described the food as, "Lovely." Another

person told us, "I enjoy my food."

During the inspection we saw people were offered drinks and snacks throughout the day. We noted people were offered cakes, biscuits, fruit and hot and cold drinks were offered at regular intervals. People were encouraged to accept these. For example, we saw one person declined a drink. We noted the staff member offered gentle encouragement and the person agreed to accept the drink. We noted the staff member discreetly observed the person to ensure this had been drunk. This helped ensure people drank sufficient to meet their needs.

We observed the lunchtime meal being served. We saw people were supported to eat in accordance with their assessed care needs. For example, we saw where people required encouragement to eat, this was provided. This demonstrated people's individual needs were accommodated. We observed staff provided the meals promptly and people were asked if they were happy with their choice. On the day of the inspection we noted one person requested an alternative meal and this was supplied quickly. During the meal we observed hot and cold drinks were provided for people. These were replenished throughout the meal and people were offered second portions of food. This helped ensure people ate and drank sufficient to meet their needs.

Care files contained information on how people were to be supported. We saw pre-admission assessments were carried out to ensure the service could meet people's needs. From these, care plans were developed to ensure people's wishes and needs were recorded and accessible to staff.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the registered manager to assess their understanding of their responsibilities regarding making appropriate applications. The registered manager demonstrated an understanding of the MCA and DoLS. We reviewed documentation which evidenced mental capacity assessments were carried out and DoLS applications were made to the supervisory authority if these were required.

We saw and people told us, they were asked to consent to care and support before this was delivered. For example, we observed people being asked if they wanted help to mobilise or receive their prescribed medicines. We asked the management team how the service recorded people's consent to their care. We were told that as the care records were computerised, the service met with people and this was recorded. In addition, we saw consent to other aspects of life at the home was recorded. We saw documentation which evidenced people consented to the sharing of information and photographs being taken and displayed. We spoke with two people who confirmed they consented to their care. One person told us, "Nothing happens without the nod from me!"

We also noted individual contracts and a 'Service User Guide' were offered to people when they moved into the home. We spoke with one person who confirmed this had been discussed with them. They explained they had been given information to consider and they had a copy in their room. They said, "I read it, I agree

with it. That's it really." We discussed the individual contracts with the trainee manager. They told us they were in the process of reviewing the contracts and these were being updated. They explained some people did not wish to sign them and this would be recorded within the care records.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and fire safety. Staff we spoke with told us they had received refresher training to ensure their skills remained up to date. We viewed documentation which confirmed this. Staff told us they were supported by management to attend training. They explained the registered manager had recently introduced a forward plan of training. This involved a yearly plan when four weeks of the year were identified for training. They explained they would be expected to attend at least once. This demonstrated the registered provider provided training and development activities to maintain staff skills and knowledge.

Staff told us they were supported by the management team and could approach them any time for advice and support. Staff also told us their training needs were discussed with them at supervision and appraisals. We saw documentation which evidenced this. This demonstrated staff were supported to access further support and advice if this was required.

We walked around the home to check it was a suitable environment for people to live. We saw call bells were in lounges so people could summon help if they needed this and there was a lift to the upper floor to aid people with mobility needs. We found adaptations provided to support people's independence. For example, bathrooms had toilet paper holders of a contrasting colour, with braille upon them. The administration manager told us these were introduced to support people with a visual impairment.

Staff told us they upheld people's rights in a variety of ways. For example, by ensuring people had access to other services to support their individuality and interests. They told us they would support people to practice their faith, access specialist equipment and have their wishes respected. Care staff told us they had received training in equality and diversity and they would report any concerns to the management team if they felt a person's rights were not being upheld. Relatives and people we spoke with raised no concerns regarding people's rights. One person spoke positively of their experience of living at the home. They told us, "I'm an equal here."

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. We were told, "The staff are very kind." Also, "The staff are amazing." Also, "I rely on the staff and they have never let me down." A relative we spoke with said of the staff, "They are so kind to [my family member.]" A further relative said, "The staff are kind and caring." People and relatives told us the home had a 'family atmosphere' and was relaxed and welcoming. During the inspection we saw relatives were welcomed to the home. We saw relatives were asked how they were and if they wanted a hot drink. One relative described the staff approach to them as, "Lovely."

We noted staff had a caring approach. We observed staff talking with people respectfully and offering reassurance. For example, we noted staff sat with people and listened to what they had to say. Our observations showed people and staff had developed caring and equal relationships. We saw numerous occasions when people hugged staff and used appropriate touch to demonstrate how they were feeling. This was returned by staff and welcomed by people who lived at Primrose Bank Rest Home.

We saw staff observed people and offered support as required. For example, we noted one person was having difficulty finding a personal possession. We observed the staff member approached them and asked them if they would like some help. This was accepted by the person and we saw the staff member and the person worked together to find the item. This demonstrated staff had a caring attitude.

Care records contained some information about people's social histories and backgrounds where this was available. This enabled staff to develop positive relationships with people. We discussed the information the records contained with a senior care staff. They told us they asked people and their relatives to share information with them. They told us they would amend the records as more information became available. Documentation we viewed and discussions with people at the home and their relatives, confirmed people were involved in their care planning. We saw pre-assessments of people's needs were carried out prior to their admission to the home and these were developed into care plans.

People told us they were supported to be as independent as possible. One person commented their ensuite room gave them their independence. Another person told us a bed lever fitted to their bed meant they could get up and go to bed with the minimum of staff support. A further person described how they had asked for a clothes rail to be lowered so they could reach their clothing. They explained this had been done and they were able to get dressed without support. This demonstrated people were enabled to maintain their skills and independence through adjustments to the environment.

We discussed the provision of advocacy services with the registered manager. We were informed there were no people accessing advocacy services at the time of the inspection. The registered manager told us they would obtain literature for people who required an advocacy service. They explained if a person lacked mental capacity, they would seek advice from the person's social worker and ensure they had access to an Independent Mental Capacity Advocate (IMCA). The role of an IMCA is to support and represent the person in the decision-making process. Prior to the inspection concluding we saw literature was available. This helped ensure services were accessible for people if the need arose.

We noted staff respected people's privacy when delivering support. For example we observed bedroom and bathroom doors were closed when personal care was delivered. Staff were seen to be discreet when speaking with people about personal issues. We noted staff lowered their voices and spoke quietly with people when asking if they needed help. This demonstrated staff took care to protect people's privacy and dignity.

Is the service responsive?

Our findings

People who lived at the home told us they felt care provided met their individual needs. Comments we received included, "The care's good here." And, "I know I couldn't manage on my own at home and if I can't be at home then I want to be here." Relatives were complimentary of the care their family members received. We were told, "[Family member] has only survived because of the good care she has received here." Also, "The care is very good. [Family member] is well looked after."

Within the care documentation we viewed we found evidence people who lived at the home and relatives were consulted and involved as appropriate. When possible, we saw people's social histories, hobbies and interests were documented. One person told us, "If I want anything to change with my care, they change it." Relatives we spoke with also told us they were involved. For example one relative explained they had come into the home to discuss their family member's care. A further relative explained they were updated and involved when their family member's health changed.

Documentation we viewed recorded the support people required in relation to their communication needs. Staff we spoke with told us this was considered as part of the assessment process. We asked if people were provided with copies of their care records. We were told this was available to people but at present, no-one had requested this. We were informed copies of care records would be provided if this was requested. The staff member told us they would ensure these were in a format suitable for the person's needs. For example, in large print or 'easy read' format. This showed the registered provider had systems and processes to share information in an accessible way.

We asked the registered manager if people were offered the opportunity to discuss their end of life care. The registered manager said this was discussed with people and their family members when people were comfortable to do so. During the inspection we saw documentation which evidenced discussions had taken place with people and relatives to ensure their wishes were recorded. We spoke with a relative who confirmed this had been discussed with them and they were complimentary of the care their family member had received. They told us, "The end of [my family members] life was peaceful and pain free." This demonstrated the registered provider sought to provide appropriate and agreed care at the end of people's lives.

We asked people their opinions on the activities available at Primrose Bank Rest Home. People told us they enjoyed the activities provided. One person said, "I join in lots of the activities. There's always something to do." Another person said they took part in activities and took an interest in what was coming up. They told us, "I just love looking at the notice board to see what's on next. The Burns supper looks good fun." A further person told us they had taken part in a trip to Cuba. They explained they wore a virtual reality headset and this gave them the virtual reality experience of visiting Cuba. They told us food and entertainment was provided to enhance the experience. They said, "It was really interesting."

During the inspection we saw an activity taking place. We saw children from a local school came to the home to help people who lived there make bird boxes. We saw people who lived at the home and children

working together. People were seen to be enjoying the activity and there was laughter and chatter as they completed the activity. This demonstrated people were encouraged to engage in social events to minimise the risk of social isolation and enrich their lives.

Following the inspection the registered provider sent us further information and documentation regarding the activities provided at Primrose Bank Rest Home. The registered provider told us they supported people who lived at the home to engage with the local community. They explained people had attended the library with local school children and making a display for people to enjoy. In addition we were informed that regular 'cruise days' took place where people used virtual headsets to experience life in other cities such as Rome and Berlin. This demonstrated the registered provider was committed to providing stimulating activities for people to enjoy.

We found there was a complaints procedure which described the response people could expect if they made a complaint. Staff told us if people were unhappy with any aspect of the home they would pass this on to the registered manager. People also told us they could raise concerns to any member of staff or the management team. People and relatives we spoke with told us they were aware of the complaints procedure and were confident their complaints would be addressed. We saw the complaints procedure was displayed in the reception of the home and was included in the 'Service User Guide' which was given to people when they moved to the home. People we spoke with said they could easily speak with any of the management team if they wanted to complain. Prior to the inspection we were informed a complaint had been made. During the inspection we reviewed the outcome of a complaint. We saw this had been investigated and a response sent to the complainant in accordance with the policy in place. This demonstrated there was a formal procedure, to enable complaints to be addressed.

Is the service well-led?

Our findings

People we spoke with told us they were happy with the way the home was managed. One person told us there was usually a member of the management team at the home. They said, "They're always here, they never seem to leave." A further person commented they knew the management team well. They described them as, "Very pleasant." In addition, a third person told us they believed staff knew their responsibilities and would not avoid these.

We reviewed the audit systems at Primrose Bank Rest Home. We found the systems used had not identified the areas of improvement we had noted on the days of the inspection visit. For example, we saw a care planning audit had been completed. We spoke with the staff member who completed the audit. They confirmed all the care records had been audited. The audit had not identified the inaccuracy of the care records we had viewed on inspection. In addition, we viewed the medicines audit. We saw this had not identified the concerns we had noted during the inspection. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Good Governance.)

Staff told us they considered they were involved in the day to day running of the home. Staff told us the registered manager was involved with the day to day running of the home and was approachable. They told us, "[Registered manager] is really supportive of our ideas." A further staff member said, "[Registered manager] is very good. She wants us to make a difference to residents lives and asks how we can do things better."

Staff explained that staff meetings took place. They said these were also used to update staff of any changes. They told us the registered manager had shared their vision and planning for changes to strengthen the management structure at the home. In addition, staff told us 'handovers' took place. These are daily meetings to update staff of any changes to people's care needs. We saw documentation which evidenced the meetings focused on the needs and wellbeing of people who lived at the home. This demonstrated staff communicated changes to ensure people's needs were met.

The registered manager told us people were encouraged to feedback their views on the service provided. We viewed documentation which evidenced 'residents meetings' took place and surveys were provided to enable people to express their views. We noted one person had requested to have a laundry basket in their room. We spoke with the person who told us this had been arranged. This demonstrated the management team listened and responded to requests.

During the inspection we spoke with the chef who had recently started work at the home. He explained people who lived at Primrose Bank Rest Home had been involved in sampling his food as part of the interview process. He explained a meeting was being held that afternoon to enable people to give further feedback on the food he provided. We observed this meeting. We saw it was well attended by people who lived at Primrose Bank Rest Home and people were asked to express their views. We noted the chef and the administration manager listened to people's views and were solution focused in their approach. We spoke with one person who confirmed their views were listened and responded to. They told us, "I go to meetings.

They listen to us and take note, then change things." This showed people were consulted regarding the arrangements at Primrose Bank Rest Home.

We asked the management team how they engaged with other services to ensure they were providing best practice care and supporting team working. The registered manager told us they sought advice and guidance from other agencies. This included social services, district nurses and other healthcare professionals. During the inspection we spoke with three external health professionals to gain their views on the service provided. We received positive feedback that management and staff at Primrose Bank Rest Home were keen to engage with them and sought advice appropriately. The registered manager also explained they sought to engage in pilot schemes to improve the service they provided. For example, they had participated in a trial scheme where people could have GP consultations by video link. This demonstrated the registered provider sought to engage with other organisations to provide best practice care.

During the inspection we noted people who lived at the home knew the registered manager and all members of the management team. We observed people smiling when they saw them and approaching them without hesitation. We also noted the registered manager and the management team knew people who lived at the home. We observed them addressing people by their chosen name. This demonstrated the management team played an active role in the running of Primrose Bank Rest Home.

From the 01 April 2015 it is a legal requirement that the home conspicuously displays its last CQC rating. We noted this was available in the reception area of the home and displayed on the website of the registered provider.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) (g) People who were not protected against the risks associated with unsafe medicines management.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (b) The registered provider had not effectively assessed, monitored or mitigated risk by the effective application of a quality audit system Regulation 17 (1) (2) (c) Records were not always reflective of people's current needs.