Mr Paul Bliss

# Primley Court

## Inspection report

13 Primley Park
Paignton
Devon
TQ3 3JP

Tel: 01803555988
Website: www.primleycourt.com

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Primley Court is a large service set over two sites, providing nursing care for up to 80 people. The Court (New Wing and Old Wing) can accommodate and provide nursing and personal care for up to 51 people. The View is also part of Primley Court. This building is further up the road, it is not attached to The Court and provides care for up to 29 people. There were 46 people living at The Court and 24 people living at the view at the time of the inspection.

The service provides care for older people, many who have complex health needs and are living with dementia or a cognitive impairment. Some people required a high level of staff supervision (one to one care) and support to promote their independence and safety.

This inspection took place on 25, 26 and 27 July 2018. The first day of the inspection was unannounced. At the last inspection on 5 and 7 July 2017, the service was rated as Requires Improvement as we found issues related to the environment, infection control. The governance procedures in place at the time of that inspection had not recognised this. In line with our enforcement policy we took action to impose a positive condition on the provider's registration, which meant on a monthly basis they were required to audit the cleanliness and standard of the environment and equipment and send us a report on actions arising from the audit. The provider took action and at this inspection we found there had been positive changes to ensure the service had improved from "Requires Improvement" to "Good".

Why the service is rated as Good:

People were protected from the risk of infection. In the July 2018 survey 91% of people said the home was clean and hygienic. One person told us, "Always hoovered and spring cleaned thoroughly, she gets rid of all the spiders." Relatives shared, "You don't smell any kind of odour"; "Room is always pristine clean"; "Mum's room is spotless, and is her personal hygiene and clothing" and "My husband's room is ultra clean – it's spotless." Staff confirmed they knew when to use protective equipment such as gloves and aprons to help reduce the likelihood of cross infection. Handwashing posters in bathrooms reminded people of the importance of good hand hygiene. Infection control training and food hygiene training was in place for staff. A laundress was employed to undertake laundry duties such as people's personal items, and an external contractor undertook the linen laundry. Bedrooms were being refurbished with many having furniture, furnishings and carpets replaced to support cleanliness, for example carpeted areas had been changed to flooring. We visited all areas of the service, checked many of the bedrooms at both locations and found all areas smelled as clean and fresh as possible. A new environmental audit continued to monitor the cleanliness of the service and equipment.

The service was very well led by the registered manager and provider and supported by a dedicated team. There were quality assurance systems in place to help assess the ongoing quality of the service, and to help identify any areas which might require improvement. Complaints and incidents were learned from to ensure improvement. The registered manager and provider promoted the ethos of honesty and admitted when

things had gone wrong. The service kept abreast of changes to maintain quality care.

There was a registered manager in post. 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.

People and their relatives told us staff were dedicated, caring and kind. One person told us, "Staff are polite and courteous, super-duper!" and "They sit and talk and sometimes I have to say I have things to do! It is lovely here; I am interested in all of them – I feel like their grandfather!" Staff demonstrated compassion for people through their conversations and interactions. They did special things which made people feel they mattered for example they celebrated birthdays and anniversaries.

We observed staff treating people as individuals with different needs and preferences. Staff understood that people's diversity was important and something which needed to be upheld and valued. Examples were given to demonstrate how staff respected people's different disabilities, sexual, cultural and faith needs.

People told us their privacy and dignity was promoted. People where possible and relatives all said they were actively involved in making choices and decisions about how they wanted to live their lives. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the assessment and care planning process. This helped to ensure the care being provided met people's individual needs and preferences. Support plans were very personalised and guided staff to help people in the way they liked.

Risks associated with people's care and living environment were effectively managed to ensure people's freedom was promoted. People were supported by staff to help meet their needs in the way they preferred. People's independence was encouraged and staff helped people feel valued by encouraging their skills and involving them in decisions. "They always ask me before helping me. Sometimes I might not want a shave and they ask."

The registered manager and provider wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken. People's medicines were safely managed and given to them on time. People told us, "I always have my medication regularly on time" and "I take a heck of a lot of pills. They come regularly, three times a day." We found the temperature where medicines were stored was over the recommended 25 degrees and have made a recommendation in relation to this.

People received care from staff who had undertaken training to be able to meet their unique needs. Some staff were undertaking specialist dementia training. People's human rights were protected because the registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards.

People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks were known, for example, choking. People commented, "Very good food – they look after me"; "I am happy with the choices here. The food is nice and clean and

tasty. It's better to have smaller portions with a good taste rather than a load of rubbish". People were supported to access health care professionals for example physiotherapists, dieticians and mental health nurses to maintain their health and wellbeing.

Policies and procedures across the service were in place and available for people in different formats when required. People were treated equally and fairly. Staff adapted their communication methods dependent upon people's needs, for example using simple questions and pictures. Information about the service was available in larger print for those people with visual impairments.

We have made a recommendation in relation to the storage temperature of medicines.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service had improved to Good and was safe.

People were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff that understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected from avoidable harm and abuse.

### Is the service effective?

Good

The service remained effective.

People received support from staff that knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People's eating and drinking needs were known and supported.

### Is the service caring?

Good

The service remained Caring.

The service was very caring, people came first.

People, relatives and professionals were positive about the service and the way staff treated the people they supported. People felt they mattered.

People were treated by dedicated, kind and compassionate staff. People were treated with respect and dignity

Staff supported people to improve their lives by promoting their independence and wellbeing.

People were supported in their decisions and given information and explanations in an accessible format if required.

## Is the service responsive?

Good

The service remained Good.

People were thoroughly assessed to ensure the service could meet their needs. Equality and diversity was respected and people's individuality supported.

People received personalised care and support, which was responsive to their changing needs. Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People were involved in the planning of their care and their views and wishes were listened to and acted on. People's end of life preferences were known and followed.

End of life care was compassionate.

People knew how to make a complaint and raise any concerns.

Complaints were thoroughly investigated and learned from. People had no concerns.

## Is the service well-led?

Good

The service had improved from Requires Improvement to Good.

There was a positive culture in the service.

The provider and registered manager had clear visions and values about how they wished the service to be provided. These values were understood and shared with the staff team and underpinned policies and practice.

People and those important to them were involved in discussions about the service and their views were valued and led to improvements.

Staff were motivated and inspired to develop and provide quality

care. They felt listened to.

Quality assurance systems drove improvement and raised standards of care.

# Primley Court

**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.

The inspection was planned as a routine comprehensive inspection. Prior to the inspection we contacted the local authority for feedback, who gave positive reports about the service people received.

This inspection took place on 25, 26 and 27 July 2018. The inspection was unannounced on the first day. The inspection was carried out by two adult social care inspectors, a specialist nurse, a medicines inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The experts by experience had knowledge of caring for older people.

Before our inspection we reviewed the information we held about the service and contacted the local authority commissioners. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met with 34 people who used the service and spoke with 14 visiting relatives for their views on the service. We reviewed people, relatives, staff and professional feedback during the inspection, and comments left by people and relatives on two care home review websites. We spoke with the registered manager, the two deputy managers, the provider, the operations director and 23 staff during the inspection. This included nursing and care staff, cleaning and laundry staff and the kitchen staff. We met and spoke with three visiting professionals during the inspection.

We looked at 11 records which related to people's individual care needs. We also looked at records in people's rooms, for example, repositioning charts and food and fluid charts. We discussed staff recruitment processes with the registered manager and reviewed ten staff files. We reviewed the staff training matrix, and looked at the quality assurance processes used to review the quality of the care provided, for example survey results and minutes of resident and staff meetings. We reviewed complaints, safeguarding and incidents which had occurred within the home over the past 12 months. We also reviewed 35 people's medicine records.

Good

# Is the service safe?

## Our findings

At our last inspection in June 2017, we rated this key question as requires improvement, because we found some issues related to the environment and infection control. During this inspection we looked to see if improvements had been made, and found action had been taken.

People were protected from the risk of infection. In the July 2018 survey 91% of people said the home was clean and hygienic. One person told us, "Always hovered and spring cleaned thoroughly, she gets rid of all the spiders." Relatives shared, "You don't smell any kind of odour"; "Room is always pristine clean"; "Mum's room is spotless, as is her personal hygiene and clothing" and "My husband's room is ultra clean – it's spotless." Staff confirmed they knew when to use protective equipment such as gloves and aprons to help reduce the likelihood of cross infection. Hand washing posters in bathrooms reminded people of the importance of good hand hygiene. Infection control training and food hygiene training was in place for staff. A laundress was employed to undertake laundry duties such as people's personal items, and an external contractor undertook the linen laundry. Bedrooms were being refurbished with many having furniture, furnishings and carpets replaced to support cleanliness, for example carpeted areas had been changed to flooring. We visited all areas of the service, checked many of the bedrooms at both locations and found all areas smelled as clean and fresh as possible.

Medicines were managed in a way that kept people safe. People told us, "I always have my medication regularly on time" and "I take a heck of a lot of pills. They come regularly, three times a day." Medicines were ordered and disposed of safely and were stored securely. During the inspection, the UK was experiencing very high temperatures. We found the temperature of two medicine storage areas at Primley View was above that recommended by medicines manufacturers on the day of inspection.

Medicines were only handled by registered nurses who completed additional training delivered by the pharmacy provider. Some patients required medicines to be administered over a 24 hour period by a syringe pump. Nurses had received additional training at a local hospice and were assessed as competent to administer medicines in this way.

The medicines policy reflected best practice and had been recently updated. Medicines incidents and errors were reported. Audits were carried out monthly by the registered manager and the pharmacy provider, every six months. Staff communicated with a range of healthcare professionals to ensure that people were taking their medicines safely. This included arranging for medicine reviews and checking medicines were received when a person was discharged from hospital.

Registered nurses supported people to take their medicines in the way they preferred. One person told us, "The nurses are lovely here and they always get my medicines for me on time." We observed some medicines administration and saw that nurses explained to people what the medicines were for and why it was important for them. Some people had their medicines given to them covertly (hidden in food or drink without their knowledge). Decisions had been made, with the person's GP and family, that this was in the person's best interest. Medicines were only given this way as a last resort and other techniques were tried to

encourage people to take their medicines in the usual way.

We reviewed the medicines administration records (MARs) and saw they were an accurate record of medicines received, administered or refused. Additional guidance was available for staff to decide when it might be appropriate to administer a medicine prescribed to be taken 'when required'. These contained details individual to each person. The effect of these 'when required' medicines was also evaluated and recorded, to ensure that only medicines that had a benefit to the person were given. The home kept a supply of over the counter medicines that could be given to people for treatment of simple conditions. Each person's GP had agreed to these medicines and records were kept of those given.

Nurses and carers worked closely with the local NHS Trust Care Home Education and Support Team (CHEST) to support people with dementia where their actions could harm themselves or others. Staff knew how to reduce a person's anxiety and behaviours that could demonstrate that a person was at risk of harm. Where medicines were prescribed for these people, they were used as a last resort. Records were kept of a persons' physical health during this period as well as hourly observations of whether they were content, agitated or anxious. One person had been referred to the CHEST team because their medicine was making them very sleepy all day and they were not eating or drinking properly. Nurses had worked with the CHEST team to reduce the dose of this person's medicine and reported that he was now eating and drinking normally, and they were enjoying reading books and newspapers again.

Recommendation: The provider should follow nationally recognised guidance relating to the appropriate storage of medicines.

People living at Primley Court and relatives we spoke with, all confirmed people's safety was paramount and people were safely cared for. One person told us, "100% safe; I press a buzzer and someone is here quickly, in no time at all." Relatives confirmed "I feel a lot of relief knowing she is in good hands"; "Staff are always around, always someone watching" and "They are safe and content."

The systems, process and practices at the service enabled people to remain safe. Staff had undertaken training in this area and knew how to protect people from abuse, harassment, neglect. People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place along with local reporting procedures which staff were aware of. Incidents of a safeguarding nature were recorded and analysed for trends and learning. Staff told us they would act promptly in response to any breaches of people's dignity and respect. People were protected from discrimination and staff had undertaken training on equality and diversity. A relative had written, "At times [X] was not the easiest of residents but that did not mean [X] was treated any differently from the others.

Recruitment processes remained robust to check staff were safely recruited. Checks on new staff were undertaken to ensure staff were safe to work with vulnerable people. Recruitment processes such as interviews helped the registered manager check the values and caring attitude of new staff. Staff diversity was valued with many staff employed from different countries.

People were kept safe by sufficient numbers of skilled staff. Staffing levels were dependent upon people's needs. Staff interacted with people in a calm, unhurried way. In addition to care staff, there were three activity staff, kitchen staff, cleaning staff, and maintenance that helped run the service. The staff team worked as flexibly as possible to provide cover for sickness and unforeseen events. Agency staff were used to support the service where this was not possible, particularly people who required additional one to one

staff to support their needs. Recruitment was on going to reduce the use of agency and promote continuity of care.

People and relatives confirmed they felt there were enough staff on duty and their call bells were answered promptly. People said staff had time to talk and sit with them if they wanted them to. We observed staff carried out their work in an unhurried way.

People were supported by staff who managed risk effectively. People's safety was discussed in staff meetings and regular handovers. There were systems in place to report accidents such as trips and falls, and to analyse these for prevention purposes and learning. Prompt action was always taken to reduce the likelihood of a reoccurrence. For example, by considering liaising with the person's GP, using falls prevention equipment and, where required, additional staff or increased observation to support people's mobility.

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks and to keep people safe. Staff balanced actively supporting people's decisions so they had as much control and independence as possible, with ensuring their safety at all times. Staff gave examples of how they supported people to manage their own mobility as far as possible but were mindful of potential risks, and ready to step in and support as required. Support plans clearly described what people were able to do themselves to maintain their independence and where prompting and / or help was needed. For example, where people had limited fine hand control and needed staff support with zippers, fastenings and utensils, this was clearly recorded.

People had documentation and processes in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. Care plans were person-centred and developed to mitigate identified risks, for example in relation to skin care, falls or nutritional needs. If people were at risk of skin damage, we saw airflow mattresses were in place and on the correct settings for their weight. Creams were used to support skin integrity and people were regularly repositioned. Where people had additional risks in relation to health or behavioural needs, the service worked closely with external professionals to provide safe care. For example, the mental health teams and the CHEST team worked alongside staff to support people with the Behavioural and Psychological Symptoms of Dementia (BPSD) who may be experiencing symptoms such as restlessness, loud vocalisation and agitation. Staff were positive about this joint work to benefit people.

Staff were competent at managing behaviour which could be difficult and challenge the team. They worked hard to understand the reasons behind the behaviour and kept detailed behaviour diaries which were analysed with external professional support. Staff tried different interventions such as music and hand massage to help people. Staff did not use restraint and were trained in distraction and de-escalation techniques, breakaway and safe holds to keep themselves and others safe. People's care records confirmed the best approach to use for individuals. A relative shared, "Staff deal with the verbal and physical aggression – she has got a lot better since she has been here and staff handle it kindly."

People's and staffs needs in relation to equality and diversity was considered, for example one staff member who had hearing loss had a vibrating alarm to inform them in the event of a fire alarm.

Regular checks on the environment helped keep people safe, for example water temperature was controlled and checked to reduce the risk of scalding, window restrictors were in place and radiators were covered to prevent burns. Staff confirmed the maintenance team were on call 24/7.

Robust fire safety checks and procedures were in place. Fire training was in date. Personal emergency

evacuation plans detailed how people were to be safely evacuated if necessary. Investment had been made in relation to fire safety with fire doors being replaced and plans for new alarm systems to be installed.

Lessons were learned and improvements made when things went wrong, for example following a break in to an accessible window on the ground floor, bars were now in place to prevent unwanted people entering the building. Following an incident in the winter months, a review of people on anti-coagulants and the way falls were managed had occurred with a new flow chart in place reflecting updated falls guidance.

Good

# Is the service effective?

## Our findings

The service continued to provide effective care.

When staff joined the organisation, they received an induction which incorporated the care certificate standards. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. Staff also shadowed more experienced members of the team as part of their induction.

People were supported by staff trained to meet their needs. An in-house trainer and assessor was employed by the provider and there was a rolling monthly programme of training topics staff were required to attend. Staff underwent training on essential subjects such as moving and handling, first aid, equality and diversity, dementia awareness, fire safety and safeguarding. They also completed training that was specific to the people they supported, for example diabetes care, skin care and end of life care. Some staff were doing additional training on dementia through Stirling University to benefit people at the service. All staff confirmed the training was good and they were encouraged to complete nationally accredited qualifications. A relative told us, "They seem to know what they're doing – they're very attentive and know how to use the hoist for my husband."

Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal. Staff were invited to come into the office regularly and the nurses, senior staff team, deputies, registered manager, operations director and provider all confirmed an "open door" policy. We saw this during the inspection. Open discussions provided staff with the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people were not able to make an informed decision about their care or treatment, staff acted in their best interests or delayed any decision which was required to be made until they were better. These decisions were clearly recorded for example where bedrails or pressure mats were required restricting people's movement and liberty. We saw the provider was aware of the changes the service was required to make in relation to GDPR (the new data protection regime, the General Data Protection Regulation ("GDPR"), that came into force on 25 May 2018) and consent to the information held about them.

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. The registered manager understood these processes and worked to ensure the least restrictive principles were followed. A system was in place to check people's authorisations were renewed as required. People told us staff always asked for their consent before providing personal care, "They always ask me before helping me. Sometimes I might not want a shave and they ask."

People's nutrition and hydration needs were met with frequent meals, snacks and drinks offered and available throughout the day. People's comments included, "Very good food – they look after me"; "I am happy with the choices here. The food is nice and clean and tasty. It's better to have smaller portions with a good taste rather than a load of rubbish". A relative said, "The food is fabulous – don't they feed them well? – and there's lots of it." Relatives told us, "My husband is a vegetarian and he can have veggy options" and "The staff always let the residents have choices and if they don't finish a meal they will hold it over for them to have a bit later if they want it." People and relatives also confirmed hydration needs were met "Drinks are freely available and snacks too" and "He can have a cup of tea on the hour every hour if he wants one."

A four-weekly menu was displayed at the service and individual large, visible blackboards had the daily menu. For those who preferred to remain in their room for meals, they also had a copy of the menu. People confirmed they had enough to eat and drink throughout the day and at night if needed. People confirmed the meals were to their liking and choice, good portions were given and they had a choice of size. The chef evidenced dietary requirements were known and people's special diets related to their health or culture would be accommodated. They told us, "When anyone is admitted they come straight down and tell me about any special diets. The communications with care staff are very good. We do soft and pureed diets. I puree meat and vegetables. For hydration I send up jugs of juice with ice and ice lollies three to four times a day, 11am, lunch, 3pm plus tea time if required. If a person has a special request for certain foods, catering staff are informed and we include it regularly if it can be incorporated. For example, one person likes two sausages for tea every day." One person we met wrote the chef a breakfast list of things they liked which included crisps and camembert. They told us, "I always ask for two Weetabix, bread roll, crisps and a tub of camembert – I also like four bars of Cadbury's dairy milk a week." We say him enjoying these when we spoke with him. They also told us that because they liked their meals very hot, the staff had given him a microwave in his room.

The cook showed inspection staff the pureed meat they had prepared for the mid-day meal and we observed her taste it to ensure there were no lumps. "I always taste it to make sure it's Ok". People were complimentary about the food, "Yes I have ice lollies and a puree diet. I get lots to drink, I'm a diabetic."

We observed the breakfast and lunchtime experience in the old wing and breakfast at Primley View. People were treated with dignity, offered napkins and looked clean. People were supported and encouraged to maintain maximum independence for example if they wanted to eat with their fingers they were able to. Plates had plate guards that enabled people to use a spoon and move food up against the plate guard so they could feed themselves.

Staff were alert to people's needs. One person who was at risk of choking and whose care plan stated they should always be observed when eating and drinking was closely observed by staff.

Care plans that we looked at all included an assessment of nutritional state (MUST) to determine if people needed dietary supplements. Weights had been recorded with a mini graph of people's weight loss or gain and fluid intake records had been recorded with the total intake over the previous 24 hrs.

We observed a file in the lounge/dining area that contained detailed descriptors of behaviours that

warranted referral to the speech and language team such as coughing and spluttering and reduced lip closure. The file also contained detailed texture descriptors of special diets such as 'dysphagia diet, the texture of thick blancmange or mousse with no bits.'

People's healthcare needs were met by staff that made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Care plans that we looked at contained details of external professional involvement. For example, three people with diabetes were all being seen on a regular basis by a podiatrist and had an annual diabetic eye screening. We saw referrals for the Speech and Language team (SALT) to give advice on choking risk and a referral to the Tissue Viability Nurse (TVN). A granddaughter had been made very familiar with her grandmother's care plan and she said, "when she was admitted to hospital the staff there said they had never seen such good notes about someone in care".

The home was also involved in working with a local initiative called Care Home Education and Support Team (CHEST). This service supported care and nursing home staff support people with behaviour that could be challenging by looking at people holistically, their predisposing factors, triggers for certain behaviours, and trend analysis. We attended a meeting to discuss one person's care and consider how staff could better understand their needs to improve their well-being.

Staff knew people well and monitored people's health daily. During the inspection we saw staff regularly checking to ensure people were well and comfortable. Staff we spoke with knew people's health needs well and family confirmed they were kept up to date on any changes in health need. Records in people's rooms confirmed they were regularly checked by staff, dry, clean and comfortable.

The service worked across teams to ensure their care was co-ordinated and people could return home as quickly as possible. Where the environment did not suit people's needs or the service were unable to meet people's needs they worked closely with external professionals to ensure smooth transitions.

Primley Court (The Court and The View) were not purpose built and had been adapted to provide a safe and accessible environment for people to mobilise. Handrails were available where possible for people to move around the corridors safely. We spoke to the registered manager and operations manager about the refurbishment work which had been undertaken in the past year and was planned for the next year. The Court had a new heating system installed and The View had a new electrical system. A thorough fire inspection of the home meant work was ongoing to bring fire doors and the fire systems in place and up to today's standards. For example, new fire doors, new handles, door hinges which expanded in the heat, and new fire panels. Redecoration had occurred in some of the communal areas including a quiet area in the New Wing. People's bedrooms were being redecorated and this work was on going. New walk in shower rooms were planned and new nurse call bells. Roof repairs were planned and all the furnishings in the New Wing were to be replaced. Equipment such as weighing scales which could be used with hoists and a bariatric hoist were purchases in the plan for the next 12 months. At The View we saw work underway to flatten the patio area to make it safer. Internal décor and good signage which was dementia friendly was seen and considered as part of the works, for example coloured handrails, new crockery and the layout of the lounges to improve social interaction. Due to the age of both properties, work would be on going to maintain and improve the décor at both locations.

The provider had looked at how technology could improve people's lives and the service they experienced. Wi-Fi and internet access was available for people to use to connect with family who lived away. The service had invested in a "magic table." This is a series of interactive light games specifically designed for people with mid- to late-stage dementia, which has newly arrived in the UK. The operations director told us they were finding it was providing, "stimulation and exercise for people who had limited attention spans."

Sounds boards were being invested in to reduce the noise in the service. These are acoustic panels with local scenes. This was invested in following research indicating that noise which are acceptable to care staff is distressing for people. The service had also signed up to a local initiative where a small tablet computer was linked up to a local surgery and the local hospital. The tablet could be used "live" to share pictures and have discussions about people's healthcare needs. This may mean advice can be given avoiding people having to visit the hospital. In addition, the service was due to be a part of a pilot project to test new technology that could potentially read people's DNA. This was then sent to a laboratory to identify whether they might have a urine infection for example. This new technology would mean people would not have to undergo invasive blood tests and would also benefit people where urine samples were hard to obtain. The sensors involved were able to detect important information about people's health conditions which could then be read and analysed at the lab.

Good

# Is the service caring?

## Our findings

People continued to receive good care at Primley Court.

People and relatives shared their views on the caring service they received. One person told us, "Staff are polite and courteous, super-duper" and "They sit and talk and sometimes I have to say I have things to do! It is lovely here; I am interested in all of them – I feel like their grandfather!" Other people shared, "I am very well cared for – they're very good -it's like a family – they look after us well."

Over the past few years, the provider, operations manager and registered manager had worked hard to achieve a set of values, thorough training and building staff confidence, which had enhanced people's care. These caring values and working practices were monitored closely by the provider and registered manager through spot checks, team meeting discussions, feedback from visitors and supervision with staff. This helped ensure compassion, kindness, dignity and respect.

Throughout the inspection we received positive feedback including, "Absolutely impressed, so friendly, helpful, they have made my journey here so much easier, they give me every consideration - 'I have a very pretty room here"; "They water my plants (in their own bedroom), clean my room, very attentive, every consideration, from the management right down to all the staff"; "I often use the call bell at 05.00 for a cup of tea, which they always bring me one."

One person shared her special memory which staff had helped facilitate, "My husband was brought into my room, (husband and wife both live in the care home but choose to live in separate locations, one in The View, the other in The Court due to different care needs). Whilst my family from abroad were visiting, a taxi was arranged by the care staff to pick my husband up and bring him to where I am. Staff put on a small tea and my daughter was able to record the occasion on video. It may be the last time that they see us together."

We observed numerous caring and considerate staff interactions. Staff clearly knew the residents well and were able to identify key features of their care. There was an unhurried atmosphere with people being given time to do as much for themselves as possible. We saw staff spend one to one time with people, comforting and reassuring them. There were personalised signs on people's bedroom doors that gave some detail about their social history/occupation/interests. There signs included pictorial illustrations. This meant all staff including the cleaning staff knew about the people they were working with. Professionals we spoke with confirmed, "They understand people and there is a person-centred approach to care."

Staff told us they felt the service met the "mum test". This meant care for people and their family was given as staff would care for their own loved ones, with compassion, patience and a loving environment that made the individual feel valued. Staffing levels were organised around people's needs and arranged so staff had time to listen to people, provide information and involve people in their care. Staff told us how much they enjoyed their work and the people they cared for. Good relationships with people and their families had been built up over time. Some staff had worked at the service for over a decade.

Special occasions such as birthdays, anniversaries and Christmas were celebrated with a card, present and cake.

Staff ensured people's faith needs were met, for example one person was supported to attend church and both locations had visits from a local priest / vicar.

People's communication needs were met in a personalised way by staff. Staff knew people whose communication was affected by hearing loss, speech impediments, cognitive decline or ill health. Staff and support plans explained the best way to communicate with people and meet their needs, for example through people's unique facial expressions or by simple pictures and words. Staff were aware of those people who had difficulty retaining information due to their cognitive decline and people who might lose track of a conversation, so gentle reminders and simple sentences were used.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished. People and their relatives were encouraged to express their views and be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place. No one we met required or wanted their care plan presented in an accessible format; however, care reflected people's diverse needs and social situations. Care plans and information could be provided in larger fonts and the registered manager was looking at how the accessible information standards could be further incorporated in to people's care (The Accessible Information Standard is a framework put in place, making it a legal requirement for all providers to ensure publicly funded people with a disability or sensory loss can access and understand information they are given.)

Staff knew to close bedroom doors and draw curtains when providing personal care, and knock before entering people's rooms. People looked well dressed and clean. People told us, and we observed, their privacy and dignity was maintained, "Staff are all courteous"; "They always knock before entering my room." Relatives confirmed the same, "I am impressed that they take care with her laundry, making sure she has her own clothes and helping to match them so she looks nice" and ""They always call my husband by his name and he is very well treated."

Staff understood the need for confidentiality, the safe storage of people's records, and knew not to share information without people's consent or unnecessarily. The management team knew which people who had others in place for example family members, with the legal authority to give consent for sharing information. Families confirmed they received regular updates from the staff and were fully involved in care planning. One relative told us, "They ring me with any update which is reassuring."

Family we spoke with shared how kind and welcoming the staff were. They all confirmed they could visit when they wished and were greeted warmly and offered drinks. There was a relative / visitor menu they were able to choose from if they wished to have a meal with their loved one.

Good

# Is the service responsive?

## Our findings

The service remained responsive.

People received personalised care which considered their strengths, levels of independence and quality of life.

The registered manager advised referrals came through word of mouth and through the local authority system. The service undertook their own assessment of people's strengths and needs. These included assessments of people's skin care and nutritional needs, level of dependency, emotional and social needs. Comprehensive, individualised care plans were then developed which reflected people's physical, mental, emotional and social needs.

People had support plans in place which were person centred and encouraged choice. People, their families and professionals were proactively involved in putting their care plans together. Care plans reflected how people liked to receive their personal care, be dressed and the aspects of their care they could manage themselves to maintain their independence, for example applying their own creams. They provided clear guidance and direction for staff about how to meet a person's needs, their likes and dislike and routines. For example, one person liked minty Viennetta ice-cream which was bought in.

Support plans included information for staff about how to communicate with people if they had cognitive difficulties, had sight difficulties or hearing needs. People's care plans were personalised and written using their preferred name. Spiritual needs had been identified in the care plans. The care plans also contained 'emotional mapping', this enables staff and family members to see mood and behavioural changes. Where people had presented with challenging behaviour we saw comprehensive behaviour management plans that instructed staff on how best to manage the behaviour in the least restrictive ways.

People's care records were reviewed with them regularly where appropriate. Those who mattered to them, and staff who knew people well were also involved. Care plans were kept securely but could be easily printed out for people who wished to have a copy, for example if they were moving to a different service or going to hospital.

Staff shared examples of personalised care they provided. For example, staff were aware of people who had a gender preference for personal care, those who preferred their own company and people who had particular areas of the home they preferred to relax in. Bedrooms were personalised with people's belongings and the things which mattered to them. People's backgrounds and life histories helped facilitate relationships. Staff knew people's preferred times for waking and sleeping and their likes and dislikes related to foods and activities.

There was a complaints policy and a system in place for receiving and investigating concerns and complaints. Any concerns were thoroughly investigated and discussed with staff for further learning to enhance care delivered. The complaints policy was displayed prominently for people / visitors to see. We

reviewed the complaints which had been received which had been thoroughly investigated, meetings held where required, and feedback given. One person told us, "In three years I have never had to complain about anybody. They are like our family and the staff are like brothers and sisters" and another person, "I can't fault the place at all." The June 2018 survey recorded 100% of those residents and relatives who responded found the management team and staff approachable and receptive to concerns, complaints, ideas and suggestions.

End of life care was mainly provided at The View. Staff were trained in delivering compassionate end of life care. The deputy manager at this location was undertaking an enhanced 18 month training programme through the local hospice. Staff at both locations prided themselves on the end of life care people received. People were asked about their end of life wishes so these were incorporated into their care. Staff worked hard to ensure people who wished to remain at the home during their final days were able to, comfortable and pain free. Staff worked with the local hospice team and GPs, providing best practice end of life care for people. They described good working relationships with doctors and nurses to ensure people who might require pain relief had this promptly. People's privacy, comfort and dignity, and any equipment required was paramount. This meant staff were skilled at delivering compassionate care in people's last days. Relatives were welcome to stay and provided with refreshments during this time.

People were supported to follow their interests, try new activities and participate in activities which were socially and culturally appropriate to them. There were two enthusiastic activity staff at Primley Court and one at The View. People enjoyed an active lifestyle if they wished and we observed people in the Old wing engaging with a fitness instructor to encourage movement and flexibility during the inspection.

In the dining and lounge areas we observed information about people's interests. This file had a wide range of recreational pursuits such as who was interested in steam trains, birdsong, visual arts, animals, dancing, singing, football / sports, arts and crafts, and listening to music.

There were lots of person centred activities with the 'magic table' sensory lighting system being the only such device in the South West in the New Wing. One person was engaged with the co-ordinator using the table and seemed very happy getting involved. Other activities included ladies pampering club, quizzes, walks, flower arranging, and arts and crafts. Religious ministers visited regularly. One of the staff was also a lay preacher. People also participated in everyday activities to help them feel valued such as washing the dishes and laying the tables.

Good

# Is the service well-led?

## Our findings

We found the service had improved from "Requires Improvement" to "Good". At the last inspection in June 2017 the systems in place to maintain a clean environment and ensure furnishings were replaced when damaged had failed. Since that inspection the provider, operations director, registered manager and staff team had worked hard to improve processes.

A monthly environmental cleaning audit was undertaken by the registered manager which included checking the laundry and kitchen areas, communal areas, equipment checks, sluice areas and bedrooms. Where action was required, following an audit, this was promptly actioned, for example replacing chairs, curtains and fridges. Under the leadership of the registered manager all staff were clear of their roles and responsibilities to maintain a clean, hygienic environment.

The management structure consisted of the provider and owner who visited the service frequently, spoke to staff and met with people. An operations director was employed and based at Primley Court. They were mainly responsible for facilities management, refurbishment and overseeing the quality assurance processes. A registered manager took responsibility for both locations, Primley Court and Primley View. They were supported by a clinical team of staff with designated responsibilities.

We spoke with the provider, the operations director and registered manager about changes since the last inspection. Robust quality assurances processes were now in place for example medicine audits, environmental audits and health and safety checks. Regular maintenance and improvements were occurring with the environment. A range of audits occurred to ensure people's care remained good and any needs were identified early. Medicine audits, weight audits, mattress checks, reviews of incidents and accidents and audits of complaints were conducted. Servicing which the building required such as fire checks, gas and oil checks, lift and wheelchair servicing was in date. Investment had occurred in the environment, activities and training to enhance care.

The management approach was consistent with the values of the service which included individualised care, treating people with respect, dignity and compassion and supporting them to have the best possible quality of life. The values of the provider and registered manager were shared across the staff team. People came first. The registered manager was well liked and respected by both staff and residents. A relative said "The manager is absolutely wonderful – she's always got time to help"; "The manager's door 'is always open' and the place definitely seems to be well led." One person told us, "The boss (owner) is a very nice man. He has the right staff here" and another, "As far as I'm concerned the place is perfect."

The provider, operations director and registered manager were actively involved in all aspects of the running of the home and knew staff and people well. 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. They were organised, "hands on", approachable and everyone we spoke with complimented the informal, relaxed management style. People

and relatives repeatedly told us, "The manager seems very switched on to her staff and residents needs and is always available for a chat"; "The care home is in very good hands"; "[X- the registered manager] and [X- the deputy] do a very good job – I only have to mention something and it's done."

People, their family and staff all told us throughout the inspection they felt listened to and involved, supported and cared for. Regular resident meetings kept people and families informed and up to date on activities and the service. Staff meetings and nurses' meetings kept staff abreast of information and changes within the service. People, relative and staff feedback was important and listened to. Questionnaires were sent out to gather their views on how the service was run; these were reviewed and acted upon. Everyone knew who was in charge. The quality assurance surveys checked people's satisfaction with the service in all areas. Feedback we reviewed was positive.

We found the service was very well-led. The culture and atmosphere at the service during the inspection was calm and caring. Staff were clear about their roles and the management team had confidence in their abilities to provide quality care.

The registered manager worked in partnership with other agencies when required, for example primary healthcare services, the local hospital, the local hospice, pharmacy and social workers. The registered manager and senior staff attended forums where best practice was discussed, for example the local authority forums. The local authority confirmed good partnership working.

The registered manager and provider had a range of organisational policies and procedures which were available to staff at all times. Staff had access to these at the office. The provider's whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected.

The registered manager and provider understood their responsibilities. They promoted the ethos of honesty and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.

CQC registration and regulations requirements were understood by the management team. The registered manager kept up to date with ongoing training and communicated changes to staff through staff meetings and one to ones.