Gradestone Limited

Primrose Care Home

Inspection report

62 Station Road
Hetton-le-Hole
Houghton Le Spring
Tyne and Wear
DH5 0AT

Tel: 01915172496

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 9 and 18 February 2016 and was unannounced. We last inspected the home on 18 September 2014 and found the registered provider met the regulations we inspected against.

Primrose Care Home provides residential accommodation and personal care for up to 22 older people. At the time of our inspection there were 17 people living in the home.

The home had a registered manager. 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.
The registered provider had breached regulation 12 of the Health and Social Care Act 2008. This was because people's care plans had not been kept up to date following changes in their needs and to reflect their current circumstances.

You can see what action we have asked the provider to take at the end of the full version of this report.

People and family members gave us only positive feedback about the care provided at the home. One person told us, "I get looked after. We have carers here to look after you." People were treated with dignity and respect by kind and caring staff who knew their needs well. One person said, "The staff are very good to me." Another person said, "Staff couldn't be any better. All the staff will do anything for you, nothing is a problem."

People said they were safe living at the home. One person told us, "I am quite safe, the doors are all locked. I am champion in here."

Staff had a good understanding of safeguarding adults and knew about the registered provider's whistle blowing procedure. Staff said they would have no hesitation to report any concerns they had to the registered manager. One senior staff member said, "Staff would definitely raise concerns, I have no doubt everyone would raise the alarm."

Medicines records supported the safe administration of medicines. Medicines administration records (MARs) had been completed accurately and medicines were stored securely.

People told us staff were always available to tend to their needs in a timely manner. One person told us, "I only have to ring that buzzer and they [staff] are there. If they are busy they make time for you." Staff commenced their employment only after all recruitment checks had been concluded satisfactorily.

A range of health and safety checks were carried out to help keep the premises safe, such as checks of fire safety, emergency lighting, moving and assisting equipment, gas safety and electrical safety. The home's

business continuity plan needed updating as some information was out of date. Incidents and accidents were investigated to ensure action was taken to help keep people safe.

Staff told us they were well supported to carry out their role and received the training they needed. One staff member said, "Good, I feel well supported. If I have ever had problems I always felt I could go to [registered manager] with problems. If I have any issues I can air them."

The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS). DOLS authorisations were in place for people requiring an authorisation and staff had a good understanding of MCA.

People were asked for their consent before receiving care. One person commented, "They [staff] ask you what you want."

Staff had clear guidance about the individual strategies to be used when people displayed behaviours that challenged. This included distraction techniques, such as talking to people, offering a cup of tea and quiet time.

People were supported to meet their nutritional needs. We saw people received the support they needed to eat and drink. One person said, "The food is alright, you get plenty to eat in here. Another person said, "The food is marvellous. I get a good feed in here."

Adaptations had been made to the home to improve the care for people living with dementia, such as clear signage, different coloured doors with photos and 'life histories.' The activity co-ordinator was proactive in identifying meaningful activities for people living with dementia. One family member said, "The activity co-ordinator is really good. She has some really good ideas. The community gets involved with them." Three staff were doing advanced dementia training.

People had regular input from a range of healthcare care professionals, such as GPs, dietitians and speech and language therapists.

People's needs were assessed before and after admission to the home which included gathering information about their life history and preferences.

People and family members we spoke with did not raise concerns with us during our inspection. One person said, "I cannot fault them." There were opportunities for people and family members to give their views, through meetings and questionnaires.

Regular audits were carried out to help ensure people received good care, including checks of the catering service, domestic services, a medicines audit and a falls audit.

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 was safe. People said they were safe living at the home. Staff had a good understanding of safeguarding adults and the whistle blowing procedure, including how to report concerns. Medicines were managed safely.

There were enough staff to meet people's needs in a timely manner. The registered provider had an effective recruitment and selection process.

Incidents and accidents were investigated. A range of health and safety checks were carried out to help keep the premises safe. The home's business continuity plan needed updating.

Is the service effective?

Good

The service was effective. Staff were well supported and trained to carry out their caring role.

The registered provider acted in accordance with the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS). People received the care they had consented to. Staff knew how to support people when they displayed behaviours that challenged.

Staff supported people to eat and drink in order to meet their nutritional needs. People were supported to access the healthcare they needed.

Adaptations had been made to the home to improve the care for people living with dementia.

Is the service caring?

Good

The service was caring. People and family members gave us only good feedback about the care provided at the home.

Staff were kind and caring towards people and staff knew people's needs well.

We observed staff treated people with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's care plans had not been kept up to date.

People's needs had been assessed and staff had gathered information about each person's life and preferences. There were a range of activities for people to take part in.

People and family members did not raise concerns with us. People could give their views about the home through attending regular meetings or filling in questionnaires.

Is the service well-led?

Good

The service was well led. The home had a registered manager. Staff told us the registered manager was approachable.

Statutory notifications had been made to the CQC in line with legal requirements.

The registered manager carried out regular audits to help check on the quality of people's care.

Primrose Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 and 18 February 2016. Our first visit to the home was unannounced and our second visit was announced. The inspection was carried out by one adult social care inspector.

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 reviewed information we held about the home, including the statutory notifications we had received from the provider. Statutory notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group [CCG] and the local healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to decide what areas to focus on during the inspection.

We spoke with four people who used the service and four family members. We also spoke with the registered manager, a senior care worker, two members of the care staff team and the activity co-ordinator. We looked at the care records for three people who used the service, medicines records for 17 people and recruitment records for five staff.

Good

Is the service safe?

Our findings

People and family members said they felt Primrose Care Home was a safe place to live. One person told us, "I am quite safe, the doors are all locked. I am champion in here." One family member told us, "I have no concerns about safety." Staff also said the home was safe. One staff member said, "I think they are safe."

The registered provider was proactive in dealing with safeguarding concerns. Staff demonstrated a good understanding of safeguarding adults. They were able to tell us about various types of abuse and potential warning signs to look out for. For example, a person not eating, not sleeping and becoming agitated or jumpy. Staff had access to up to date guidance about safeguarding and a training DVD, as well as completing specific safeguarding adults training. All staff said they would report any concerns straightaway to the registered manager. The home had followed the correct procedure in notifying the local authority safeguarding team to investigate a recent safeguarding concern. Appropriate action, including disciplinary action, had been taken in response to the concern.

Staff were also familiar with the whistle blowing procedure and knew about their responsibility to raise any concerns. All of the staff we spoke with said they had never needed to use the procedure but would be confident to do so if required. One senior staff member said, "Staff would definitely raise concerns, I have no doubt everyone would raise the alarm." Another staff member told us, "I have no doubt if any staff saw anything they wouldn't think twice about doing it [raising concerns]." Staff said concerns would be dealt with correctly. One staff member said, "The manager would deal with it in the right way." Another staff member commented, "[Registered manager] would investigate, she would be very professional."

Records we viewed supported the safe administration of medicines. We saw records for the receipt, administration and disposal of medicines were completed accurately. Medicines administration records (MARs) we viewed were completed correctly to account for all of the medicines people had been given. Medicines were stored securely in locked medicines trolleys, which were kept in a locked room. Daily checks of the temperature of the treatment rooms and fridges used for storing medicines were carried out. Only trained and competent staff administered people's medicines.

There were enough staff on duty to ensure people's needs were met in a timely manner. People said there were enough staff. One person told us, "I only have to ring that buzzer and they [staff] are there. If they are busy they make time for you." One family member commented staff were "busy and sometimes appear short." Staff members also confirmed staffing levels were sufficient. One staff member told us, "There are always plenty of staff on. We spread out because people want to go to different places. There is always someone with them. We can see to their needs quickly."

The registered manager told us four care staff were on duty supported by various ancillary staff, such as kitchen and domestic staff. Staffing levels were reviewed regularly using a specific tool which considered people's level of dependency. We viewed the analysis which suggested staffing levels were currently appropriate to meet people's needs. We found the expected number of staff were on duty on the two days of our inspection.

The registered provider followed safe recruitment procedures when recruiting new staff. We looked at recruitment records for five staff members. These showed checks had been carried out with the disclosure and barring service (DBS) before new staff were employed. This was to confirm whether prospective new staff had criminal records or were barred from working with vulnerable people. Completed application forms, an employment history and proof of identification were on file. The registered provider had also requested and received two references.

Incidents and accidents were investigated and action was taken to reduce the risk of accidents happening again. We found the registered manager followed up all incidents and accidents to check appropriate action had been taken to keep people safe. Examples of action taken included additional monitoring of people, input from community nurses or people taken to hospital for assessment and treatment if needed.

The registered provider carried out a range of health and safety checks to help keep the building safe for people to live in. A fire risk assessment had been carried out in June 2015 with no actions required. The fire service had carried out an inspection of the home in July 2015. The registered manager confirmed there was no report provided following the visit as there were no actions required. Other safety checks were carried out regularly and were up to date at the time of our inspection. These included checks of fire safety, emergency lighting, moving and assisting equipment, gas safety and electrical safety. Information was available to staff about people's individual support needs should they need to be evacuated in an emergency and a business continuity plan had been written. However, we did note the business continuity plan needed to be updated as it contained some out of date information.

The home was clean and well decorated. We observed domestic staff carrying out cleaning duties during our inspection. Improvements had been made to the internal décor. People and family members said the home was a nice place to live. One family member said, "They have spruced it up and decorated."

Good

Is the service effective?

Our findings

Staff were well supported to carry out their role within the home. One staff member said, "Good, I feel well supported. If I have ever had problems I always felt I could go to [registered manager] with problems. If I have any issues I can air them." Another staff member told us, "I am very well supported. I have very good work colleagues. [Registered manager] is a very good boss. She knows what she is talking about. We quite often have a chat, at least once a week." A third staff member said, "I am really well supported. I brought up a couple of things and they were sorted. [Registered manager] sorts things out straightaway." Records confirmed staff supervisions and appraisals were up to date at the time of our inspection. The registered manager used supervision as a way of reinforcing important information. For example, some supervisions had been themed around the Mental Capacity Act 2005 and to update staff on the findings from an environmental health inspection carried out at the home. Records confirmed that training was up to date for all staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 procedure 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. DoLS authorisations were in place for 13 out of the 17 people living at the home. The other four people had been assessed as not requiring a DoLS authorisation. Staff showed a good knowledge of how to apply the MCA in their work. One staff member said MCA applied "when people were unable to make their own choices". They went on to tell us about how they made best interest decisions on behalf of people based on their likes and dislikes. One staff member commented, "We get to know what people like and dislike." They went on to describe an example of how one person used facial expressions to make meal choices. Another staff member said they would show a person clothes to choose from "based on their favourite colour". We saw evidence within care records of MCA assessments having been done for a range of decisions including financial management and medicines.

Staff understood the importance of seeking people's consent before providing care and support. One person commented, "They [staff] ask you what you want." Staff said they would always ask first and would respect the person's decision. They went on to tell us that if they thought the person needed their help they would try again later to check they were sure. One staff member commented, "We never take it for granted."

Staff knew how to support people who displayed behaviours that challenged. They described the strategies they would use when people were feeling anxious or agitated. These included distraction techniques, such

as talking to people, offering a cup of tea and quiet time. Where people displayed behaviours that challenged, care plans provided staff with clear, personalised guidance about how to support the person through this time. This included advice on how to approach the person, how to speak to them, to maintain eye level and give them lots of smiles for reassurance.

People were provided with the support they needed to meet their nutritional needs. One person said, "The food is alright, you get plenty to eat in here. Another person said, "The food is marvellous. I get a good feed in here." One family member said, "[My relative] is very well fed. They have two good cooks." We observed over the lunch time to help us get a better understanding of the support people received with eating and drinking. We saw people had a pleasant and positive experience. Tables had been set before people came into the dining room with cutlery, glasses, cups and napkins. Staff supported some people to the dining room and helped them to sit at a table safely. People were sat in friendship groups with lots of chatting and socialising taking place between people and staff.

People were served with their chosen meals quickly. Pictorial menus were available if required to help people make a choice of what they wanted to eat. People who required assistance with eating and drinking received uninterrupted support from staff. Where people appeared to be having difficulty, staff intervened quickly and offered assistance. Staff checked people were happy and whether they were enjoying their meal. People were complimentary about their meals. One person said, "I enjoyed my dinner. It was lovely."

The registered manager had made some improvements to the home's environment for the benefit of people living with dementia. These included clear signage and the use of different coloured doors with photos of each person to help with their orientation. Staff demonstrated a good understanding of dementia and three staff were currently doing advanced dementia training. Each person's care records included a 'life history' with information about their background, such as their children, family, friends and significant events in their life. For example, for one person this included memories of a particular holiday they enjoyed as a child. This information is important to help staff build positive relationships with people and understand their needs better.

The activity co-ordinator had a good understanding of meaningful activities for people living with dementia. They were proactive in identifying new ways of engaging people and showed us photos of people involved in a wide range of activities. The activity co-ordinator told us, "Activities change all of the time depending on the wants and needs of people. We have good links with the community." People regularly accessed the local community to attend church or other local groups, such as 'singing for the brain' at a local school.

People had regular access to health care professionals to help maintain their health and welfare. For example, people who were identified as at risk of poor nutrition had been referred to their GP and a dietitian for advice and guidance. Another person had been referred to a speech and language therapist for advice about a swallowing difficulty. Family members commented the home kept them up to date with changes involving their relative. One person said, "If [relative] rings they are straight in with the phone." One family member commented, "We are kept informed all the time."

Good

Is the service caring?

Our findings

People were happy with the care they received at the home. One person told us, "I get looked after. We have carers here to look after you." Another person said, "It's alright, you get well looked after. There are plenty of baths and clean clothes. I like it here." Family members were also happy with their relative's care. One family member said, "Definitely well cared for." Another family member commented, "Great, really good."

People and family members gave us positive feedback about the caring nature of the staff providing their care. One person said, "The staff are very good to me." Another person said, "Staff couldn't be any better. All the staff will do anything for you, nothing is a problem." A third person said, "They are very good, excellent. They try and help you all the time. They are as good as gold." One family member told us, "The staff are approachable. They seem as though they will do anything for them."

People were cared for by staff who knew their needs well. One family member told us, "The staff are definitely approachable. There is continuity of the same staff. They have been here for years, that is a good thing." We heard staff regularly chatting with people and talking about interests the person had, such as hobbies, family and TV programmes.

People were supported to meet their individual preferences and choices. For example, one person told us they liked a specific type of music. They commented, "I get to play my music in here." They went on to say, "They do special things in here. We sometimes have entertainers. The [registered manager] puts on things like parties. If it is your birthday they will put a party on for you." People's rooms had been personalised to each person's taste. People had chosen their own colour schemes including the carpets. All rooms included personal belongings, such as photos and ornaments. One person pointed out to us a photo frame on their wall with a selection of photos that were important to them. They commented the staff had put the frame together for them. People were supported to make their own choices and decisions. Another person said, "They [staff] told me to just get up when I want to get up." They went on to say, "I get bathed and I had my hair done yesterday. I had my nails done yesterday. I like to be clean and tidy."

People were treated with dignity and respect. Staff described to us how they aimed to provide care in a respectful and dignified manner. For example, placing blankets over people's legs when assisting with transfers, closing people's doors, explaining what they were doing and talking to people all of the time. They also explained how they promoted people's independence through letting them "do as much as they can for themselves." One staff member commented, "We try and get them to do as much as possible for themselves."

We observed throughout our inspection that staff were friendly and polite towards people but still maintained their professionalism. We saw staff were calm and patient with some people who were anxious. One person said to a staff member, "I would be lost without you." At one point we saw a person was upset. A staff member quickly went to the person and gave them a hug and gently held their hand. They talked to the person calmly and gently offered reassurance.

Requires Improvement

Is the service responsive?

Our findings

People were at risk of not receiving care that met their current needs and kept them safe. This was because some care plans had not been kept up to date with people's changing needs. For example, when one person's care plan was written in September 2015 the person did not have any history of falls. Records showed the person had been taken to hospital in February 2016 following a suspected unwitnessed fall. We saw the person's care plan and risk assessment had subsequently not been reviewed to account for this change and to ensure they still met the person's needs. We saw another person's care plan had been written in 2013. The person's falls and nutritional assessments showed an increased risk of falling and poor nutrition. However, the associated care plans had not been updated to reflect these changes or the advice and guidance from a dietitian. A third person's dependency had increased since their care plans were written in 2014. However, they had not been updated to take account of the person's increased needs. Although we saw evidence care plans had been audited, they had not been successful in identifying the concerns we found during our inspection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had their needs assessed both before and after they were admitted to the home. The assessment included a consideration of the care and support people needed across a range of areas. This included personal care, physical wellbeing, cognition, mobility weight and diet. Staff also used this as an opportunity to gather information about people's preferences. For example, people's preferences about what time they preferred to go to bed, to get up on a morning, their interests and any hobbies they had.

One family member told us, "I can have access to [my relative's] care plan. I have signed the care plans." Staff members told us they involved people and family members in care planning. One staff member said, "We ask people what their choices are." Another staff member said, "We have a chat with them. We ask the person or families to read the care plan before we are finished and sign it if they agree."

One family member said, "The activity co-ordinator is really good. She has some really good ideas. The community gets involved with them." They went on to tell us staff took people "out and about to the garden centre in summer or into Hetton [local village]." One staff member commented, "The activity co-ordinator is very good at her job. We have people up dancing." People had individual 'activity care plans' with details of the activities they preferred to take part in. A record was also available of the activities each person had participated in.

There were opportunities for people and family members to give their views about the home. The activity co-ordinator held 'residents and relative's meetings. We viewed some examples of previous minutes from these meetings. These had been used to raise awareness of DoLS, safeguarding and updating care plans. The activity co-ordinator was developing a newsletter to inform people and family members of what was happening in the home.

People and family members we spoke with did not raise any complaints with us about the care provided at the home. One person said, "I cannot fault them." Although there had been no complaints made about the service, there was a procedure in place should any complaints be received in the future.

Good

Is the service well-led?

Our findings

The home had a registered manager. Staff said the registered manager was approachable. One staff member said, "She will listen." Another staff member told us, "[Registered manager] is brilliant, I cannot praise her enough. She loves being on the floor, she knows exactly what is going on. The home has improved so much." They went on to say, "You can contact her anytime you want to." Statutory notifications had been submitted when required in line with legislative requirements.

Staff told us there was a positive atmosphere in the home. One staff member told us there was a "happy atmosphere". They said, "There is never any ill feeling. The staff all seem to get on." Another staff member commented, "[It is] a happy little home."

Staff had opportunities to give their views about the home. One staff member said, "We have team meetings every three to four months." Another staff member commented, "We have staff meetings with [owner]. They are always asking is there anything we might need."

The registered provider consulted with people and family members annually to gather their views about the quality of the care provided. The information was used to develop the home's 'annual quality assurance report'. The most recent report had been written following the last consultation in March 2015, based on responses from 11 out of 17 people. People and family members were asked to rate the home on a scale of '1' (poor) to '5' (very good), across a range of areas, such as the staff in the home, people's daily care, cleanliness, social activities, food and catering. In relation to staff in particular, people were asked about whether the staff were courteous, treated them with respect, gave them help readily and listened to them. Ten people had scored the staff as either very good or good. Specific comments made included: 'friendly and caring staff, got every trust in the staff and the care of [my relative]'; 'staff are very supportive and kind'; 'I am well cared for with all my needs'; and, 'Staff are very good dealing with health needs of [my relative].' Two poor responses were received regarding cleanliness of the home. An action plan had been developed, which included redecorating the lounge and dining room and more frequent infection control audits. These actions had been completed when we inspected the home.

The registered manager carried out a range of other audits to help ensure people received good care. These included checks of the catering service, domestic services and a medicines audit. We viewed the last two medicines audits which had been successful in identifying some issues with the recording of medicines. In particular, staff had not been recording the amount given when a dose was optional and staff had not consistently recorded the date medicines had been opened. Action had been taken following these audits to help prevent the situation from continuing. We found this had improved when we reviewed medicines management during our inspection.

The registered manager carried out a monthly falls audit to help keep safe those people at risk of falling. The audit analysed falls to look at when and where they were happening to identify any particular trends and patterns. No particular trends had been identified from the information we looked at.

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 did not take formal enforcement action at this stage. 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 People were at risk of receiving unsafe care as care planning was not always based on the current needs of people and had not been updated in a timely manner to respond to people's changing needs. Regulation 12 (2) (a) and 12 (2) (b).