

Abbey Healthcare (Huntingdon) Ltd

Primrose Hill Care Home

Inspection report

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24 July 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 9 January 2017. After that inspection we received concerns in relation to the care and treatment of people using the service, poor medicine management and lack of staffing. As a result, we undertook a focussed inspection to consider those concerns.

The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led.

Primrose Hill Care Home provides accommodation, nursing and personal care for up to 60 older people, some of whom may live with dementia. There were 47 people living at the home at the time of our inspection visit on 24 July 2018. Primrose Hill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection, the service was rated 'Good' overall with requires improvement in responsive. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Primrose Hill Care Home on our website at www.cqc.org.uk.

At this focussed inspection we found the area of Safe required improvement and Well-led remained Good, the service is now rated Requires Improvement overall.

Medicine management needed improvement to ensure that medicines were kept at the correct temperature to ensure their effectiveness at all times.

Individual risks although had been identified there was not always sufficient guidance to ensure staff could effectively manage those people whose behaviour may challenge themselves or others.

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.

The provider and registered manager had taken steps to improve recruitment and retention of staff and staffing levels had increased. Robust recruitment procedures helped to ensure the suitability of new staff. Training for staff was planned and monitored to ensure staff acquired and updated the skills they needed for the role.

People were protected from the risks of harm, because staff understood their responsibilities to protect people from harm and to share any concerns with the registered manager or the provider.

The registered manager checked staff's suitability for their role before they started working at the home and made sure there were enough skilled staff to support people safely and effectively.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. Improvements were being made to medicines management to ensure that medicines would be stored consistently at the correct temperature.

The provider and registered manager regularly checked the premises and equipment to ensure they were safe for people to use.

People and their relatives were encouraged to share their opinions about the quality of the service, through surveys and meetings.

The provider's quality monitoring system included regular reviews of people's care plans and checks on medicines management and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of re-occurrence.

Further information is in the detailed findings below.

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 is not always safe

We found improvement is needed in relation to safe medicine management and the management of risks to people.

Is the service well-led?

Good ●

The service remains Good.

Primrose Hill 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 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.

We undertook a focussed inspection of Primrose Hill Care Home on 24 July 2018. This inspection was planned to look at concerns that had been raised with us. We inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service well-led?'

No risks or concerns were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The inspection was undertaken by one inspector and an inspection manager

Before our inspection we reviewed the information, we held about the service. We also looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection visit we spoke with six people who lived at the home. We also observed the care people received from staff in the communal areas of the home. We spoke with four care staff, the activities co-ordinator, one nurse, the registered manager and an area manager.

We looked at the care records of six people who used the service including their daily records and medicine administration records. We also looked at staff recruitment and training records and other records that supported the running of the service.

Is the service safe?

Our findings

We undertook this focussed inspection because we had received a high level of safeguarding concerns that related to incidents involving people living with dementia, medication errors and insufficient staffing levels.

At this inspection, the registered manager showed they had worked jointly with external agencies to support and safeguard people whose lives were changed by dementia-associated anxieties and behaviours. They had addressed matters in an open, transparent and objective way and acted on recommendations made by the local authority to improve practice.

Potential risks to people had been assessed and recorded. However not all risk assessments provided staff with sufficient guidance to effectively manage people's behaviours that challenged others. There was a lack of information about triggers for people's behaviours or control measures to minimise the potential for occurrence. There was limited information about ways of managing people's behaviours to diffuse situations or de-escalate incidents if and as they occurred. The registered manager was aware of this and told us that this was an area highlighted for improvement.

At the time of our inspection the East of England was experiencing a long period of excessively hot weather with temperatures at times exceeding 30C. The elderly, ill and vulnerable are more at risk during temperatures above 25C. Whilst immediate actions had been taken to reduce the risk to people from extreme temperatures such as a supply of fans, regularly distributed cold drinks and a supply of ice lollies, there were no further longer-term contingency plans or arrangements in place to assess and monitor people at most risk. Following the inspection, the registered manager provided further information that measures had been put in place to monitor people at risk from extreme temperatures.

It had previously been found that the temperature of the clinical room was too warm for the safe storage of prescribed medicines. The effectiveness of some medicines can change in warm temperature. Whilst the registered manager had taken steps to store the medicines in an alternative location; this room was also too warm. The registered and area managers agreed they would take immediate action to address this issue which included the installation of a black out blind.

Covert administration is the term used when medicines are administered in a disguised format, for example in food or drink without the consent of the person receiving them. Covert administration is only likely to be necessary or appropriate where a person actively refuses their medicines and is judged not to have capacity as determined by the Mental Capacity Act 2005, to understand the consequences of their refusal and the medicine is deemed essential to the person's health and wellbeing. Crushing a tablet or opening a capsule and mixing medicines with certain foods or drink can significantly alter their therapeutic properties and effects so that they become unsuitable, ineffective or unsafe. Therefore, pharmacist advice is always necessary. Records showed for one person that the GP had agreed covert administration was in their best interest. However, their medication records did not include a plan on how to administer their medicines covertly, with detailed and recorded pharmacist input to show suitability of chosen methods. We raised this with the registered manager who address this immediately.

Staff administering medicines had received regular training updates to ensure their practice was up to date and in line with current pharmaceutical guidance and legislation. They administered medicines with patience and gave people an explanation of what they were taking and why. People told us they received their prescribed medicines on time.

Staff completed medicine records appropriately. Some people were prescribed medicines to be taken 'as and when required' (PRN). Protocols were in place that provided detailed guidance to staff on the purpose of PRN medicines and when they should be administered.

Everyone we spoke with told us they felt safe at the home and said they trusted the staff. One person said, "When staff support me I feel safe." Another person told us, "The staff are very helpful. They are very kind and I am happy here."

Staff understood the provider's safeguarding and whistleblowing policies and procedures for keeping people safe. Staff told us they would not hesitate to share any concerns with the registered manager or other senior staff members.

The registered manager assessed people's abilities and dependencies to ensure there were enough staff on duty to meet their needs. Staff told us they were always busy, but said there were enough staff, which minimised risks to people's safety. People and staff told us, and we saw there were enough staff when they needed support. Staff responded promptly when people called or rang for assistance. Many people were cared for in bed and staff frequently checked on their welfare.

All appropriate recruitment checks had been completed to ensure fit and proper staff were employed. These included a criminal record check (DBS), checks of qualifications and identity, and references from previous employment.

There was a range of equipment in place to support people including hoists for moving and handling, profile beds that enabled a change in position without manual movement, airwave mattresses to enhance pressure relief, proper bed rails to prevent falling and sensor mats to alert staff to movement.

The provider completed regular checks and audits to ensure equipment such as hoists, walking frames and mobility slings were in good working order. The provider's policies to keep people safe included regular risk assessments of the premises and regular testing and servicing of essential supplies and equipment.

People's care plans included risk assessments which related to their individual and diverse needs and abilities. For example, where people lacked the ability to mobilise independently care plans explained the equipment and the number of staff needed to assist the person, and the actions staff should take to safely assist people to move.

The registered manager had systems in place to monitor accidents, incidents and concerns at the home. This information was analysed to see if future accidents could be prevented. We saw that to reduce the risk of falls to people at Primrose Hill Care Home, the provider used a range of equipment such as sensor mats, and lowered beds. The registered manager also reviewed people's needs after a fall or accident, which included observations and checking their environment to evaluate how to reduce further risks of falls.

Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. People had personal evacuation plans in place to instruct staff on the type and level of

support they needed to evacuate the building in an emergency.

We found the home was clean and well maintained. Infection control procedures were in place to prevent the spread of infection. There were regular cleaning schedules in place at the home, and enough housekeeping staff to keep communal areas and people's rooms clean. The registered manager checked on the cleanliness of the home through regular daily walk rounds and monthly auditing procedures.

Is the service well-led?

Our findings

Since our last inspection there had been a change in management. The new manager had been in post since January 2018 and registered with the Commission in May 2018.

The service was well organised, had effective leadership and clear lines of accountability. A deputy manager and a team of registered nurses supported the registered manager. An area manager, on behalf of the provider, gave oversight and support to the service. The management team were motivated and committed to providing a service that was person centred and promoted people's well-being.

The registered manager worked in partnership with people using the service and/or their relative/representative. Minutes of meetings with residents and relatives showed they were listened to and given updates on actions taken to make improvements. The feedback from resident/relative meetings and surveys informed service improvement and development. This included strategies such as a positive staffing level review, increased pay rate and incentives for staff agreed to improve staff recruitment and retention, improved dining experience, laundry, activities, relative involvement and introduction of an 'open surgery' to improve communication and accessibility.

The morale within the staff team was positive and staff felt appreciated. Staff told us they trusted and felt supported by the registered manager; her door was 'always open', she was approachable and she listened. One staff member said, "[Name of the registered manager] really understands and will do anything to help you." Staff told us there was a good team-working approach to delivering care and support. The registered manager was visible in the service and worked alongside staff daily, seeing their practice, attitudes and behaviours. This enabled her to continually monitor standards and ensure people received good quality care. People told us they trusted staff and would not hesitate to share any concern with them.

There were quality assurance systems in place that ensured the quality and safety of the service delivered and drove improvement. Audits were carried out regularly which were reviewed and analysed; outcomes were produced with associated actions where needed and timescales for completion. For example, nutrition audits identified that staff were not always completing the Malnutrition Universal Screening Tool (MUST) properly and so additional training from a dietitian was arranged. An outcome from the infection control audit was the implementation of a short-term care plan for people with a diagnosed infection. The outcome of a skin care audit identified the need for a tissue viability lead staff member to train and cascade learning to other staff.

The registered manager understood their legal responsibilities and sent us statutory notifications about important events at the home. The rating from our previous inspection was displayed in reception and on the provider's website.