

Primrose House Ltd

Primrose House

Inspection report

2 Crowhall Lane
Felling
Gateshead
Tyne and Wear
NE10 9PU

Tel: 01914950585

Date of inspection visit:
08 August 2019
13 August 2019

Date of publication:
11 October 2019

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Primrose House is a residential care home providing personal and nursing care to 49 people aged 65 and over at the time of the inspection. The service can support up to 63 people across four floors.

People's experience of using this service and what we found

There was an embedded culture in the service of ensuring people continued to lead fulfilling lives. People were provided with meaningful activities to significantly enrich their lives, retain their skills and develop new ones. They were supported by staff who overcame barriers to people's participation in activities which were socially important to them. The service had forged good links with community-based groups and projects which had been brought into the service. These had enhanced people's lives. People benefitted from the use of technology and the many and varied social activities on offer.

Care plans were person-centred. Staff were given good guidance on how to meet people's needs. The provider had developed a strategy to assist staff to provide end of life care in keeping with national standards.

Staff understood people's personal risks and how to keep them safe. The provider had arrangements in place to ensure people's medicines were appropriately managed. Risks of cross infection were minimised by regular cleaning, and staff wore gloves and aprons when they supported people with their personal care.

Before staff had begun working in the home checks on their suitability had been carried out. Once employed, staff underwent a period of induction and training. Staff undertook training in topics relevant to people's care needs. They were supported through supervision. There were enough staff on duty.

Staff were kind and caring towards people. They respected their choices and preserved their dignity and privacy. Respect for diversity was evidenced in the home and people were supported with their religious or spiritual needs.

The provider had frameworks in place to ensure continuous improvement. Regular audits resulted in actions to be taken. The provider followed up on the actions and checked if they had been done to an acceptable standard.

There was close working with other professionals to meet people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was requires improvement (published 5 September 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At

this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-Led findings below.

Primrose House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of an inspector and an assistant inspector.

Service and service type

Primrose House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager had left the service the week before our inspection began. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider made temporary arrangements for an existing registered manager to have oversight of the home pending a new appointment being made. A new manager had been appointed and had begun the process of registration,

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including the operations manager, the deputy manager, nurses, senior care workers, care workers, the chef, the maintenance person, a domestic and an activities coordinator.

We reviewed a range of records. This included four people's care records and multiple activities and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess and reduce the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Risks to people were well-documented, and staff continually monitored their safety. Regular checks were carried out on the building and its contents to make sure people lived in a safe environment.
- Staff understood guidance to reduce the risks to people. A relative told us, "Dad is 100% safe here, I have peace of mind when I go home."
- Medicines management in the home was good. Safe systems were in place to order to receive, administer and dispose of medicines.
- Improvements had been made to PRN protocols. Staff could tell us when people needed pain relief and agreed to update the remaining protocols.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse. Staff had been trained in safeguarding adults and told us how they would report any concerns to their manager. One staff member told us, "If I have any concerns I know I can report these."

Staffing and recruitment

- Recruitment procedures included pre-employment checks to reduce the risk of unsuitable staff working in the home.
- The provider used a dependency tool to identify the numbers of staff on duty. Staff told us their work load varied. Relatives felt staff were stretched at times. We used the SOFI and found there were enough staff on duty to support people to eat at mealtimes. Staff responded to call bells in a prompt manner.

Preventing and controlling infection

- Staff wore gloves and aprons and carried out cleaning on both day and night shifts to reduce the risks of cross infection.
- The home was clean, tidy and there were no malodours. Relatives commented on a small kitchen area where they could make drinks. This area required attention. The provider showed us a plan to carry out

further refurbishments to include this part of the home.

Learning lessons when things go wrong

- Accidents and incidents were documented and reviewed to see if any lessons could be learnt.
- The provider had a system in place for staff to meet and reflect on specific incidents. This reflective practice encouraged staff to think about ethical and moral dilemmas when providing care for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs and choices before they were admitted to the home. This enabled staff to make a judgement about whether they could meet people's individual needs.
- Staff had taken time to get to know people to understand their needs and choices.

Staff support: induction, training, skills and experience

- The provider had arrangements in place to ensure staff were competent to carry out their duties. New staff were supported through an induction period. One staff member told us, "My induction was good, I worked with specific staff who give me lots of support." The provider had established mandatory training which all staff were required to undertake and update.
- Staff told us they felt supported. Staff received regular supervision and appraisals. One staff member said, "Supervisions are held regularly, and I can approach the managers."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with eating and drinking. When required food and fluid charts were used to monitor people's intake. Referrals had been made to specialist service when staff had raised concerns about people's diets.
- People's weights were monitored. Documents used to record people's weights did not always have people's full names. There was a risk people's weight could be recorded against a person of the same name. We drew this to the attention of the operations manager who took immediate action to rectify this.
- People were given a choice of meals. Kitchen staff were aware of people's dietary requirements. They showed us the meals people had chosen and if they did not like what was on the menu their meal requests had been added to the cook's list. One person said, "The food is nice, its lovely here."
- Staff had enabled people to eat a more balanced diet. Concerns had arisen about food wastage as people, having eaten their breakfast, were not eating a cooked main meal at lunchtime. The menu had been changed to provide people with a lighter lunch and a cooked evening meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other professionals to provide appropriate care and treatment to people. Staff had drawn up care plans when external professionals had diagnosed people's health conditions.
- The service worked with a local GP practice for people to have regular access to healthcare services. They had sought advice and support from other healthcare professionals such as podiatrists and chiropodists when people needed these services.

- Staff worked as a team to ensure people received their meals in a timely manner.

Adapting service, design, decoration to meet people's needs

- Adaptations had been made to the building to enhance the quality of life for people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Appropriate DoLS applications had been made to the local authority. The provider had informed CQC when these applications had been granted and had put in place a list of dates when renewals were required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were well treated, and staff were kind and caring. One person told us, "I like it here, I am well looked after, if there is anything I want they are there."
- People were assisted to practice their faith. Services were held on a regular basis.
- Staff understood the need to respect people's individual characteristics. One staff member said, "I love it here, I love the residents. We all respect people's differences and people are well cared for."
- Staff spoke to us about people with warmth and affection. They demonstrated they knew people well. One staff member told us, "People are absolutely well cared for, we have time to get to know residents and can really build therapeutic relationships."
- Staff chatted to people and paid them compliments. They used humour and empathy to engage people.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care and were consulted throughout the inspection about various aspects of their well-being.
- Staff respected people's choices.
- Staff listened to relatives as people's natural advocates. People's views were listened to and acted upon.

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy and dignity. They knocked on doors before entering and asked people before supporting them. Personal care was delivered in private.
- Staff enabled people to be as independent as possible. For example, people were given cups with lids, so they could drink independently. Staff ensured people had their walking aids and glasses, so they could walk without assistance around the home. One person told us, "I still feel I am independent and do what I want to do."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; Support people to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had developed a highly beneficial relationship with an arts-based organisation to improve the well-being of people living with dementia. Staff in the organisation described Primrose House as a, "Brilliant partner". The activities coordinators hosted staff from other care homes to develop excellent practice. Irrespective of a person's abilities the activities coordinators had overcome barriers to enrich people's lives. This included finding suitable art equipment to support a person's hobby. Records showed the activities coordinators welcomed people to watch and join in whatever way they wished.
- We were given many examples of outstanding activities. People living with dementia were successfully engaged in a choir. They had learned new songs and sang at well-known venues. One staff member said in a newspaper article, "Singing opens up a whole new world for the elderly, it brings back memories, it makes them happy and many of them have great voices." The choir provided a new community for people. One relative told us, "My mam gets a lot out of the choir" and explained how they had invited new choir friends to their birthday party.
- Activity coordinators constantly thought of ideas to involve people. They used groups like the choir to take a step by step approach to engagement. Once people had begun to watch an activity, there were clear patterns of people's increased involvement with maximum personal benefits. A relative told us, "The activities bring people together, so they can chat and interact. Chatting is what they like to do." People's human right to family life was respected. Relatives were welcomed into the service to support people to maintain important relationships. One relative told us, "The staff are very friendly."
- There were numerous examples of staff making exceptional efforts to engage people in activities. Families had been invited along when people were reluctant to join in. One relative told us this had made a big difference and now they all enjoyed activities together. Innovative events were arranged to ensure people could continue to live fulfilled lives. Tents had been set up outside of the home for a Glastonbury type festival. Photographs showed people were also very well supported by staff to participate in activities which reflected the seasons and national events. One relative said, "There is always something going on."
- Staff were very proactive in engaging the wider community to impact positively on people's lives. University students assisted people using virtual reality goggles to remember their past. Local primary school children helped people plant their sensory garden, do quizzes and play games. School staff valued the detailed work of the activities staff to bring people and children together in mutually beneficial ways. This included trying new fruits in nutrition week and creating a Willie Wonker Wonderland where lickable wallpaper was available. One professional said, "The children love it and people's faces beam when they work with the children."
- Staff prompted people's memories of their life skills. One person had resumed knitting and had been

supported to knit baby clothes. Another person remembered baking so baking days had been introduced. They commented, "It takes me back." Staff arranged a birthday celebration with a drag artist dressed as the queen for a person who wanted to meet the queen. The delight on the person's face was evident. A video of an entertainer in the home showed everyone was engaged in singing, dancing and using percussion instruments. People told us, "We really enjoy the entertainment."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff empowered people and their relatives to describe what good care meant to them. Care plans were well written, very person-centred and people's personal choices were reflected in each of their plans. The plans explained to staff people's health care needs and why they should be following the guidance.
- Staff knew and understood people's conditions. They could describe to us how people liked to be cared for. One staff member assisted other staff to think about meeting a person's needs when the person was unable to speak for themselves. The person continued to have choice.
- When people were diagnosed with a new condition, new plans were developed. The new plans were linked with other existing plans to encompass all aspects of a person's care.
- Regular reviews of care plans were meaningful as staff took a holistic review of people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Significant efforts had been made to include a person with disabilities whose first language was not English. Staff had access to a translation application together with a list of useful phrases. Staff had documented they had used the phrases which family members had appreciated.
- Notice boards included pictures and large lettering of events in the home.

End of life care and support

- There was no one receiving end of life care at the time of the inspection. Cards written by relatives showed they appreciated the care provided by staff to people towards the end of their life.
- The provider had an end of life policy in place. They had developed a strategy for providing people with care at their end of their life based on good practice standards.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Information on how to complain was available in the home. Steps were taken by the provider to ensure all complaints were thoroughly dealt with.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection the provider had failed to notify us of certain incidents. Our records showed that we had not received any notifications related to the renewal of applications for people whose freedom was restricted through the Deprivation of Liberty Safeguarding (DoLS) process. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

At the last inspection we found that the provider did not have a sufficiently robust governance arrangement in place in relation to the monitoring of the quality of the service provision. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- The provider used quality assurance frameworks to monitor their performance. Regular audits to monitor the quality of the service were carried out and actions put in place. Senior managers visited the home and checked the actions had been completed.
- Staff were clear about their roles and to whom they were accountable.
- The provider and the previous registered manager acted in an open and transparent way. They had submitted statutory notifications to CQC about events in the service in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff achieved good outcomes for people. The service had adapted to people's changing needs.
- Staff morale was good. Staff told us they felt supported and they were confident about the standard of care they provided.
- A culture had been established in the home whereby staff found ways to ensure people were included.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had arranged meetings to engage relatives in the service. Unfortunately, attendance at the meetings had been poor. The provider had developed an agenda, so everyone could be involved and contribute to the running of the home.
- Heads of department meetings were held every day to engage staff and ensure everyone was working together which ensured everyone's needs were met.
- Staff meetings were held to engage staff. However, due to shift work the provider had experienced difficulties in getting everyone together. They had devised a plan to hold three different meetings at different times in one day to maximise attendance.

Continuous learning and improving care; Working in partnership with others

- There was a culture of continuous improvements. For example, handover records were being updated so staff could see people's accurate conditions at a glance.
- There was clear partnership in working with others. Information regarding people's health care needs was gathered each week and sent to the local GP surgery so they understood why they needed to see people on their visit to the home.
- Staff worked with a range of external groups to continually improve people's well-being.