

Stockton Care Limited

Primrose Court Nursing Home

Inspection report

South Road
Stockton-on-tees
TS20 2TB

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18 August 2020
19 August 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Primrose Court Nursing Home is a residential care home providing personal and nursing care to 32 people aged 65 and over at the time of the inspection.

The care home accommodates 54 people in three separate wings. One wing for hospital discharge, short stay/rehabilitation beds, one for people living with dementia and one for people who have a mental health condition.

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

The service had failed to maintain accurate and complete records in respect of people's care and support. Individual risks were not always identified, and some care plans had not been updated when people's needs changed. Medicines were not managed safely. Only nine staff out of 45 had completed a fire drill. Quality assurance systems were completed however the audits had not highlighted the concerns we raised

People were protected from abuse by staff who understood how to identify and report any concerns. Staffing levels enabled people's needs to be met safely. The registered manager sought to learn from any accidents and incidents involving people.

As part of CQC's response to the coronavirus pandemic we are also conducting a thematic review of infection control and prevention measures in care homes. The Safe domain also therefore contains information around assurances we gained from the registered manager regarding infection control and prevention.

Staff were recruited safely. Records to evidence staff had received training were not up to date. Due to COVID19 obtaining training for new staff had been difficult

We have made a recommendation about training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the home supported this practice. People were happy with the food provided. People were happy with their rooms and had personalised them.

Staff were caring and treated people with kindness and respect. People's independence was encouraged..

Care plans needed to be more person centred. One person did not have a full care plan in place. People were confident to raise any concerns they had with staff. Staff were trying their best to keep activities going during COVID. People were provided with information in a way they understood. Peoples end of life wishes and preferences needed to be recorded.

People and staff felt supported by the registered manager and provider.

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

This service was registered with us on 23 August 2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about, risks to people's safety, medicines, infection control, staff training and the management of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches in relation to keeping people safe and the leadership of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our responsive findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Primrose Court Nursing Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection team consisted of two inspectors, a medicine inspector and an Expert by Experience who made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Primrose Court Nursing 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a 24 hours' notice of the inspection. This supported the provider and us to manage any potential risks associated with COVID-19.

What we did before inspection

We reviewed information we had received about the service since they registered with CQC . We sought feedback from the local authority, Clinical commissioning group (CCG) 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 six people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, nurses, care workers, maintenance person and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and records such as meeting minutes and complaints.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Not all risks to people's health and wellbeing had been identified.
- Where people had a particular risk there was no care plan or risk assessment in place to support staff to lessen the risk.
- Care plans were not fully updated when people's needs changed.
- Only nine staff out of 45 had completed a fire drill. On the 10 February 2020 it was recommended that four of these staff do further fire drills. This had not taken place.
- Records showed us that equipment such as specialist lifting equipment, fire equipment and gas boilers were well maintained and serviced regularly.

Using medicines safely

- Medicines were not administered or managed safely.
- There were no accurate counts to show how much of each medicine was in stock or had been administered. One medicine had been signed for but the count from the day before remained the same. Therefore, we could not evidence if the count was incorrect or the person signed but did not administer the medicine.
- There were missing administration records for topical (creams/ointments) medicines, no patch application charts or no protocol for medicines to be taken when required.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were safely managed or people were kept free from harm due to the lack of risk assessments and fire practices.

These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Staffing and recruitment

- The home had safe recruitment practices. This meant only suitable people were employed.
- There were enough staff to meet people's needs. One person said, "There are enough staff, day time, night time, always the same."

Preventing and controlling infection

- Some areas of the home, mainly upstairs, needed a clean.
- Bathrooms had communal toiletries, for example, toothbrushes, toothpaste and razors. We fed this back to

the registered manager who arranged for them to be removed at once. We also saw that this had been raised as a concern in earlier staff meetings.

As part of CQC's response to the coronavirus pandemic we are also conducting a thematic review of infection control and prevention measures in care homes. The Safe domain also therefore contains information around assurances we gained from the registered manager regarding infection control and prevention.

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure living at the home. Comments included, "I feel very safe and if I have worries, they [staff] put my mind at rest" and "Oh yes I feel very safe here, my head was really messed up, but I feel calmer now."
- Staff were knowledgeable about safeguarding processes and how to raise any concerns.

Learning lessons when things go wrong

- Accidents and incidents were analysed to determine what had happened. Any trends were identified to allow lessons to be learnt from these incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Records to show training had taken place had not been updated.
- Due to COVID 19, obtaining training for new staff had been difficult. One staff member said, "Although I have not had all my formal training yet, the owner and registered manager have talked me through everything. They have been fantastic - every training course that's available they are putting me on. Have access to online training but there is face to face training being delivered at [sister home] too." Another said, "Some of the training hasn't happened because of COVID - the place I'd come from I had just updated my training so I'm not concerned."
- Staff said they felt supported in their role. Supervisions had taken place, but the registered manager recognised these needed to be more structured.

We recommend the provider arranges more specific training for staff in subjects like challenging behaviour and mental health.

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

- People were supported to access health professionals such as GP and chiropodist.
- Due to information not being shared some people had missed some healthcare appointments. The provider had put a system in place to prevent this happening again in the future.

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

- People's dietary records to support kitchen staff were not always correct or updated. Where people were on a pureed diet and thickened fluids, the kitchen record said normal diet. The chef was fully aware of people's needs and this was more of a record issue.
- People were supported to maintain a well-balanced diet and had support to eat and drink where required. People's comments about the quality of the meals was positive. For example, "The food is excellent", "Its nice food they come around in the morning with the options. Healthy, hot and variety. We get a pudding as well. The chef pops in now and then says hello and check meals were ok." A relative said, "The food is brilliant, I have eaten here, its always hot and you get plenty."

Staff working with other agencies to provide consistent, effective, timely care

- We were made aware prior to the inspection that people had missed appointments with external healthcare professionals. During the inspection we saw the provider had recognised this and implemented a

more robust system to prevent this happening again.

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

- Several areas of the home were in need of repair and decorating. The provider had arranged for this to take place two weeks after the inspection.
- The dementia wing would benefit from more dementia friendly adaptations.
- People were happy with their bedrooms and many had personalised them.

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.

- Not all staff had completed MCA/DoLS training, however they ensured people had choices and could make decisions. One staff member said, "I have been spoken to about DoLS although not had formal training yet. I know there are [number of people] with a DoLS in place and understands it is to do with their capacity and keeping them safe." The provider was arranging for this training to take place.
- People had their capacity assessed. Where a best interest decision had to be made these were done in line with legal requirements. However, records to evidence this, needed updating, which the provider was working on. One staff member said, "We now have a list of when DoLS expire and I feel more comfortable with things now."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff were observed to be kind and considerate. Staff could easily explain people's wishes and preferences. One person said, "They are very generous, lovely staff."
- One person explained how they were supported to maintain their religious beliefs. The registered manager said, "Staff are encouraged to value diversity and respect the attributes that make people different."
- Relatives were happy with how loved ones were supported. One relative said, "Staff are very caring and polite."

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

- People had the opportunity to feedback about the service. The management team had held a residents' meeting where people were asked how they were feeling and what activities they enjoyed.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated an awareness of how to maintain people's privacy and dignity and people said they felt their privacy and dignity was always respected.
- People were encouraged to remain as independent as possible. One relative said, "They do prompt [name] to do things" and laughingly said, "I think they [name] are getting lazy." A person who used the service said, "I try to keep my independence I get around with my stick and stretch my legs. The other day I went up and down the hallway counting out how many paces it was."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Not all care plans were person centred. Staff we spoke with knew people well, but this knowledge was not recorded.
- One person who had been at the home for six weeks did not have a full care plan in place. The provider addressed this immediately.

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.

- Some care plans had useful information on how staff should communicate such as eye contact, speak slowly and use short sentences. Not all care plans contained this level of detail.
- For one person English was not their first language. We were told that a few staff spoke this person's language and at least one of these staff were on the rota every day to support this person.

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

- The service had two activity coordinators who were working hard to keep people entertained during the COVID 19 pandemic. One person said, "I like arts and crafts and the activity co-ordinator does things with us, I have a television and radio as well" and "I go out and about, I walk to the village and go shopping."
- People were supported to stay connected with loved ones using technology such as using iPads to facetime. More recently window and garden visits had taken place.

Improving care quality in response to complaints or concerns

- Information relating to how to make a complaint was available to people and the home had a complaints policy.
- Any complaints received were investigated with an outcome.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Work was needed to ensure people's end of life wishes was documented in their care plan.
- Some staff had not received training in end of life.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Prior to the inspection we received concerns about the way the service was run. Following this the [supporting] manager left the service a few days before we arrived. The provider had found further concerns and drew up an action plan to address these. However, this action plan had failed to address all of the concerns we found on the day of inspection.
- Records throughout the service needed to be fully reviewed and updated.
- Some records could not be found on the day of inspection.
- Daily records lacked detail.

Failure to complete effective audits and comprehensive records has led to a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

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

- Staff we spoke with said since the provider and registered manager were now back at the service morale had improved.
- People and relatives said the provider ran the service really well. Comments included, "They run it like a five star hotel, it is excellent", "It is well managed, yes I would give it 10 out of 10 or a 100 out of 100" and "The owner is very nice and always asks after dad, it is managed well"

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

- The management team understood their role in terms of regulatory requirements. For example, the provider had notified CQC of events, such as safeguarding's and serious incidents as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- Staff meetings and meetings for people who used the service took place.
- External health and social care professionals said they felt work was needed to support partnership working.

Continuous learning and improving care

- The management team were committed to continuously improve the service.
- The management team were open and responsive to our inspection feedback.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider was not doing all that is reasonably practicable to mitigate risks or to ensure the proper and safe management of medicines. Reg 12 (2) (a) (b) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider was not maintaining accurate, complete and contemporaneous records and systems and processes had not identified this. Reg 17(2)(b)(c).