

Stonehaven (Healthcare) Ltd

Primrose House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Primrose House is a service which provides care and support for up to 30 older people, some of whom are living with dementia. At the time of the inspection there were 19 people living at the service. The home is purpose built with communal spaces and bedrooms on each of the three floors.

Peoples' experience of using this service and what we found

Our observations showed people appeared at ease with staff. A healthcare professional spoke positively of the service and the care and treatment provided. Risks of abuse to people were minimised because the service had safeguarding systems and processes. Staff understood safeguarding reporting processes.

The environment was safe. Health and safety checks, together with effective checks of the environment were completed. People's medicines were safely managed, pre-employment recruitment checks were undertaken and there were sufficient staff on duty. The provider currently had a significant reliance on agency staff to ensure staffing levels were met. This was being addressed through a recruitment campaign to attract permanent staff.

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 service supported this practice. There were systems in place to ensure that when people were deprived of their liberty, this was done with the appropriate legal authority. Where people had others acting lawfully on their behalf, appropriate records were maintained.

People, their relatives and a healthcare professional gave us positive feedback about the quality of care people received. The feedback about the registered manager from people and staff was positive. There were systems to obtain feedback from people, their relatives and staff. Quality monitoring systems were in place at service and provider level.

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

Rating at last inspection and update:

The last rating for this service was Good (published 17 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Good based on the findings of this inspection.

Follow Up:

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service well-led?

Good ●

The service was well-led.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one Inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the Provider Information Return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

During the inspection

We spoke with 6 members of staff. This included the registered manager, care staff, maintenance staff and the providers care standards manager. We spoke with 4 people who lived at the service and a visiting professional.

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 a range of records, including people's care records, staff recruitment files, records relating to safety checks including fire safety and accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance.

Following our site visit we contacted 2 people's relatives. We also received further clarification and documentation from the service to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider and registered manager ensured there were sufficient numbers of staff deployed to meet the needs of the people at the service.
- The service currently had a significant reliance of agency staff to provide care to people. Where possible, the provider was using the same agency staff to increase continuity in people's care.
- There was currently a recruitment campaign being undertaken to recruit staff. The provider was also using an external third party agency to extend the scope of the campaign.
- The provider had currently put a pause on taking new admissions. This was to remain in place until a successful recruit period had been completed.
- Staffing rotas were completed in advance to forecast staffing requirements. The registered manager told us unplanned sickness was covered by existing staff or agency staff where possible.
- People and their relatives did not raise any concerns around staffing, and our observations showed staff were meeting people's needs. One relative commented, "I'm happy Mum gets what she needs, the staff are very nice people who provide good care." Another said, "[I have] no concerns, they are all very friendly and polite."
- Staff we spoke with were generally positive about the staffing levels within the home. One said, "There's enough staff here when everyone turns up."
- Staff had been recruited safely. Relevant pre-employment checks had been carried out. This included Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We identified in 1 recruitment file that a full employment history had not been completed for 1 member of staff; this was addressed during the inspection and changes were to be implemented to avoid this happening again.

Assessing risk, safety monitoring and management

- An assessment relating to people's risks was completed which formulated a care plan reflecting people's current needs and risks.
- People had current individual risk assessments. We reviewed examples of risk management in relation to falls, skin breakdown and nutrition. Identified risks had guidance for staff in reducing the possibility of harm.
- A visiting healthcare professional we spoke with told us they worked well with the management and staff. They told us the service were quick to communicate and escalate any concerns around people's health.
- The service environment and equipment was maintained. Records were kept of regular health and safety checks. Individual emergency plans were in place to ensure people were supported to evacuate in the event

of a fire.

Using medicines safely

- There were safe and effective systems for the ordering, storage, administration and returns of medicines.
- A sample of Medication Administration Records (MARs) we reviewed had been completed accurately by staff. Records also showed medication competency checks for staff were completed regularly.
- Some medicines required additional security and recording measures. We found these medicines were stored correctly; accurate records were maintained. Of the medicines we checked, the physical amount held in stock by the service matched the supporting records.
- We identified that staff had not recorded the opening date on some bottles of liquid medicines. This helps to ensure they are not used past the manufacturers recommended period after opening. We raised this with the registered manager who was going to address the issue with staff. This had not resulted in any impact to people.
- Protocols for medicines which had been prescribed to be taken 'as required' were completed. These show key information such as specific symptoms staff should recognise in helping them to decide if it was appropriate to administer these medicines and maximum daily dosages.
- Records were maintained of ambient and cold storage areas to ensure medicines were stored correctly.
- There were governance systems in operation to monitor the management of medicines.

Systems and processes to safeguard people from the risk of abuse

- People looked at ease and comfortable in the company of the staff on duty.
- When asked if they felt safe one person said, "I'm happy here, that's the main thing for me. The staff here are great."
- Relatives we spoke with felt people within Primrose House were safe. One commented, "[I am] happy she's well looked after and very safe, she's very lucky really." Another commented, "I'm really happy she is safe and well looked after."
- Staff had received training on how to safeguard people and understood safeguarding reporting processes.
- There were systems that monitored safeguarding reports and escalations by the service to the local safeguarding team.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- There were effective systems operated by the registered manager to monitor DoLS applications and authorisations. This reduced the risk of people being unlawfully deprived of their liberty.
- Where identified as being required, DoLS applications had been made to the relevant local authority. One DoLS had recently expired and the registered manager was taking action as required.
- Where applicable, there were systems to ensure capacity assessment and best interest decision processes could be followed.
- The service identified if people had an appointed Lasting Power of Attorney (LPA) in place. A copy of the

relevant record was held on file and the relevant people were consulted when needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There was a reporting system in place for accidents and incidents.
- There were internal reporting process followed to report an incident or accident via the service's electronic care planning system.
- There were systems in place that ensured accidents and incidents were reviewed. Records reviewed showed a post event analysis was undertaken.
- Where necessary, the service had escalated concerns to healthcare professionals following an incident or accident.
- There were monthly falls overviews completed to identify patterns or trends and a provider level review was also completed by senior management.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance.
- There were no restrictions on peoples' relatives and friends being able to access the service and see people living at Primrose House. The provider currently operated a system where visitors would advise them in advance of their attendance. This was in place to allow management and staff to know who was in the building.
- No concerns were raised in relation to visiting by the relatives we spoke with. They told us they could go to service at any time. One said, "They are very accommodating and I go in regularly, they have always been good and they always make me feel very welcomed."

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 our last inspection we rated this key question Good. At this inspection the rating has remained 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

- The registered manager understood their role and legal responsibilities. They were supported by the provider with external monitoring and governance.
- There was a defined staffing structure. Staff were clear of their job roles and the lines of communication and accountability. As highlighted in the 'Safe' section of this report, a campaign was currently being undertaken to recruit permanent staff into the service.
- There was an extensive range of quality monitoring and governance systems embedded in the service. The current systems in operation were both service and provider level. This meant the risks of poor care being received were reduced.
- There was a business continuity plan in place to ensure the service could continue to operate in the event of an emergency.
- Meetings were held at service management and provider level to communicate key messages and updates.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. Performance ratings were displayed within the service and on the provider's website as required.

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

- When accidents or incidents had occurred, relatives or those acting on their behalf were informed as soon as possible. Policies and processes in place supported this.

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

- Relatives and health professionals told us they felt the service was well-led and managed. A healthcare professional said, "There have been issues with the leadership but this has improved."
- We received positive feedback about the registered manager. A relative said, "I speak with the manager who regularly updates me, when I phone to ask how [person's name] is I always get an update." Another relative said, "[Registered manager] seems in control of the home and knows what's going on. She is managing it well."
- There were compliment cards in the service that had been sent by relatives. One of the compliments we reviewed read, "You were so professional and friendly, your care was first class."

- Positive outcomes for people were also recorded on verified reviews on a national website. A review from February 2023 read, "I am extremely pleased with the care my Dad is getting at Primrose House. The staff are very friendly, kind and supportive. It is very clean. Dad enjoys the food and is happy there. Thank you to all the staff."
- The home was friendly and positive atmosphere. Throughout the inspection we observed staff engaging well with people. People were observed being offered and supported with a choice of things to do. A relative said, "My Mum is happy so that makes me happy."
- We observed a positive working environment which reflected the comments and feedback we received from people and staff.
- Staff we spoke with commented positively on the service, one commented, "Things have been different here more recently and that's definitely for the better."

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

- The service management sought continuous feedback from people, their families and staff. This was achieved through frequent conversations, scheduled meetings and surveys.
- In addition to continual feedback, residents and relative meetings were held 4 times a year to capture feedback from people and understand their views of the service. The most recent minutes we reviewed showed feedback was sought on how people and their relatives felt Covid-19 communication had been, the quality and choice of food and updates on the service in general. The registered manager confirmed that changes on food items had been made as a result of feedback given.
- Staff meetings were held throughout the year on a periodic basis. These were held at senior team and care staff level. The registered manager said that where required meetings were also held with domestic and catering staff. The last minutes from a care staff meeting showed that matters such as people's care needs, meals and staff behaviours were discussed. There were systems to communicate the minutes of the meetings to agency staff in place.
- Staff were able to feedback through a survey. The most recent survey requested feedback on areas such as job satisfaction, professional development and feeling valued. Most of the feedback was very positive with one comment reading, "I am supported by my manager and deputy always. I am very thankful to them to trust me and build my confidence."

Continuous learning, improving care and working in partnership with others

- There was a system to review incidents and accidents to reduce the chance of recurrence and learning was undertaken where needed.
- Community links currently were not currently in place; however, the registered manager told us this would be reviewed when staffing levels at the service was stable.
- Staff worked with other professionals to ensure people's needs were met appropriately. The registered manager commented positively on their relationship working with other professionals and we observed good interactions to support this on the day of our inspection.
- Healthcare professionals spoke positively about their working relationship with the service. One commented, "Concerns are escalated as they should be and they are quick to communicate any issues."