

Stockton Care Limited

Primrose Court Nursing Home

Inspection report

South Road
Stockton-on-tees
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Tel: 01642530750

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Primrose court nursing home is a care home providing residential and nursing care for up to 54 young adults and older people living with a mental health condition, dementia, physical disability or sensory impairment. Accommodation is across two floors, each of which has separate adapted facilities. The ground floor specialises in providing care to people who have a mental health condition. At the time of our inspection there were 46 people using the service.

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

Improvements had been made across the service since the last inspection. People said they felt safe and were happy living at the service. There were enough staff on duty who knew people well. We have made recommendations about the systems in place to manage distress and agitation and the safe management of medicines.

Staff were supported to carry out their roles safely, working in-line with national guidance to care for people with long term conditions. The environment had been well-thought out for people living with dementia; improvement plans for the mental health unit were in place to further support people's well-being needs. People spoke highly about the meal support they received. We have made a recommendation the provider reviews the mealtime experiences for people living with a dementia.

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.

Staff were kind, caring and compassionate in their approach with people. They encouraged and supported people to live fulfilled lives. Care was dignified and staff respected peoples wishes and preferences. They were supported to maintain contact with loved ones. A diverse culture was in place.

People received individualised care and support from staff who knew them well which supported them to be as independent as they wished to be. Care records needed continued development to ensure they were truly person-centred. People had opportunities each day to be involved in social activities and had access to transport to enjoy days out. We made a recommendation in relation to end of life care.

The provider had made significant improvements to the service since the last inspection. Quality assurance systems were effective in leading change and incorporated feedback from people, relatives, staff and health professionals. Leaders were visible and staff were proud to work at the service delivering care which improved people's lives.

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 requires improvement (published 8 September 2022) and there were breaches of regulation. We issued two warning notices. The provider also 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 inspection was carried out to follow up on action we told the provider to take at the last inspection. We also received concerns in relation to the leadership and management of the service, the environment, risk management, dignity and respect, quality of care and staff conduct and training.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Recommendations

We have made recommendations in relation to the management of medicines, the systems in place to oversee the management of agitation and distress and the mealtime experience for people living with dementia.

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?

The service was safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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 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

Two inspectors, a pharmacist inspector and an Expert by Experience carried out this inspection. 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Primrose Court nursing home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 13 June 2023 and ended on 21 June 2023. We visited the location's service on 13 June 2023.

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. 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 used all this information to plan our inspection.

During the inspection

We spoke with 6 people who use the service and 5 relatives. We carried out general observations of practice. We spoke with 12 staff including the nominated individual, the operations manager, registered manager a nurse, 6 care staff and 3 ancillary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 12 care and medicine records, 5 staff records and the training matrix for all staff. We also reviewed records relating to the running of the service including policies and procedures.



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 inadequate. At this inspection the rating has changed to 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.

Using medicines safely

At the last two inspections the provider had failed to safely manage medicines. 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 regulation 12.

- Systems to support medicines management had improved. Continued improvements were needed in some areas. Where people were administered short term medicines such as antibiotics improvements were needed to ensure that people were administered these medicines in line with the prescriber's instructions. We found no evidence harm had occurred to people as a result of missed medicines.

We recommend the provider reviews their processes for the administration of antibiotics to ensure people received these medicines as prescribed.

- Some people did not receive their topical creams as prescribed and further work was needed to ensure people who required bowel monitoring as part of their medicines had up to date and accurate records.
- Medicines were stored safely. Where changes to medicines occurred, two signatures were in place. Good systems were in place to support people who needed medicinal patches and 'when required' medicines.
- Staff had received training to safely manage medicines and had regular checks of their competency carried out to ensure they remained safe to do so. A new electronic system for medicines was due to be introduced and would address the medicines concerns identified.

Assessing risk, safety monitoring and management

At the last two inspections the provider had failed to robustly assess 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 regulation 12.

- Records to support risk management had improved but required continued development to ensure they were individualised and supported staff to manage the risks associated with people's health and well-being.
- Staff had received training to manage behaviours associated with people's health condition, however they needed additional support to ensure this training was embedded. Records to support staff with de-escalation needed further development.

We recommend the provider reviews their processes for the management of distress and agitation to ensure care is consistently provided in-line with national guidance.

- Staff knew people well and were able to identify, monitor and were responsive to risks of harm. People said they felt well supported by staff. One comment included, "I feel safe. I'm in a wheelchair and cannot transfer from my bed to the chair, so staff use a hoist to move me safely. They do it well."
- The safety of the premises and equipment had been maintained. Water temperatures were within safe temperature limits.

Preventing and controlling infection

At the last inspection the provider failed to maintain good infection prevention and control at the service. 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 regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

People were able to receive visits from loved ones at a time of their choosing. There were a variety of private and communal spaces for visits to take place. Where needed, staff supported people to arrange visits.

Learning lessons when things go wrong

At the last inspection the provider had failed to ensure lessons were learned. This was a breach of regulation 17 (good governance) 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 regulation 17.

- Accidents and incidents were recorded and regularly reviewed to monitor patterns and trends. This supported the service to understand the action they needed to take to maintain the safety of people and staff.
- Incidents involving behaviours needed to be robustly reviewed in-line with the providers policy to ensure staff had followed the right procedures.
- Lessons had been learned since the last inspection; this had supported improvements to the quality of care which people received. The provider had taken on board feedback and worked with stakeholders to make positive changes to all aspects of the service. An action plan remained in place to support ongoing improvements.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff had received training and understood the procedures they needed to follow. Information was shared with professionals in a timely manner.
- Oversight was in place to monitor safeguarding incidents and investigations took place to minimise the risk of incidents reoccurring. Following a lessons learned activity, changes had been made to pre-admission assessments to improve the safety of the service. This meant the provider carefully considered whether they could meet people's needs and also how they would fit in with people who already lived at the service.
- People were safe and their rights, preferences and dignity were respected. One comment included, "People are safe. The staff and management keep them safe. We do regular checks of people. It's a nice home we work as part of a team."

Staffing and recruitment

- People were recruited safely. There were enough experienced staff on duty at all times to support people. Staff at all levels were visible throughout the service. People received the care they needed.
- Staff had the time they needed to support people and to engage in meaningful discussions and activities. We observed warm relationships between people and staff. Comments included, "Staff are good, and they look after you well" and, "There are always lots of staff on duty. If I need something, I can get it straight away. Staff are always around to help" and, "The staff are wonderful. They're a proper team."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection, we recommended the provider referred to current best practice guidelines around supporting people with dementia or sensory impairment at mealtimes.

- Continued improvements were needed to ensure mealtimes were delivered in-line with best practice guidance for people living with dementia. We found staff were task orientated and communication was minimal. This had been identified as an area for improvement by the provider. Dining areas were well presented, and tables set.
- People were supported to eat a healthy diet. Adapted foods were presented well. Staff were aware of people's preferences and alternative choices were always available. Picture cards supported people to make choices about their dietary intake. People received a home-made cake on their birthdays. Comments included, "The food's good and the cook is marvellous" and, "The food is amazing. They do the best chocolate cakes!"
- Staff understood people's dietary needs. Recommendations by health professionals were included into care plans. Risk assessments supported staff to manage the risk of malnutrition and dehydration.

We recommend the provider reviews the mealtime experiences for people living with a dementia.

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

At the last inspection, the environment did not meet the needs of the people it supported. This was a breach of regulation 15 (premises and equipment) 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 regulation 15.

- The environment met people's diverse care, cultural and support needs. All rooms were spacious and decorated with people's personal items. Adaptations were in place to support people's independence. A maintenance team was in place to ensure all aspects of the environment were kept to a good standard.
- The environment on the dementia floor had been redesigned and communal areas included many pictures and murals on the walls featuring the local areas. Comments included, "The re-decoration has been done very well." There was a quiet room with a bar which was used for celebrations and activities.
- Plans were in place to extend the service to incorporate a large activities room, laundry and gym to support people with mental health conditions. The plans included landscaping to the garden to make all of the outside areas accessible.

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection, the provider did not have systems in place to oversee people subject to DoLS. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Blanket restrictions on people's freedoms were in place. This was a breach of regulation 9 (person-centred care) 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 regulation 17 and 9.

- Staff were working in-line with the MCA (2005). They had good knowledge of people who had conditions in place to keep them safe. These conditions had been met. Staff encouraged people to make decisions in all aspects of their care.
- Care records provided information about the decisions people could make and where support was needed. Where best interest decision making had taken place, records supported this.

Staff support: induction, training, skills and experience

At the last inspection, we recommended the provider ensured staff had access to additional training to improve their skills and knowledge.

- People said staff had the right skills and experience to look after them. The provider had acted upon our recommendation and staff had started to complete training to carry out their roles. An action plan was in place to address remaining gaps in training.
- Staff were supported to carry out their role by way of induction, supervision, observations and checks of competency to carry out their role. One comment included, "We have enough support to do our jobs."

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

- People received the care they needed. Staff knew people very well and were able to spot when people were unwell or experiencing a decline in their health condition. Staff acted quickly to access additional support for people. Some people received additional support to monitor side effects and risks associated with their health conditions and treatment plans. Handover records were completed after each shift to make sure staff were kept up to date about people.
- Staff supported people to attend appointments and to understand the information provided to them. The skill mix of general nurses and mental health nurses supported the service to have full oversight of people's full care needs. People were supported to maintain a healthy lifestyle which included attending screening appointments and support with healthy eating, sleep promotion and smoking cessation.

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

- People's needs were assessed prior to admission to ensure they were suitable for the service. Ongoing reviews took place to support people's care and to make sure it remained relevant. The care people received was in-line with national guidance and recommendations from health professionals.
- Technology was used to support people's care and increase independence. This included video consultations to discuss people's care and technology to support well-being including fitness trackers and sensors to manage risks associated with falls.
- Staff supported people to understand their needs and make decisions about their care. They knew people well and how to support them, giving people the time, they needed to make decisions, or to adapt to changes in their health and well-being.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At the last inspection, we recommended the provider sourced reputable training for staff around privacy and dignity.

- People were supported by kind and compassionate staff who knew them and their backgrounds well. Staff were able to respond quickly to signs of escalation in people's behaviours and deterioration in their health. When additional support was needed it was done in a respectful and dignified manner. Staff demonstrated concern for people's well-being. Comments included, "Staff are good; they see to your needs and can't do enough for me. They are very supportive and that means a lot to me" and, "It's good here. It's very relaxed; like a family. We all get along with each other. If there's something I want to do, they'll help me do it."
- Staff were compassionate, respectful and empathetic in their approach, placing people at the heart of their care. When people wanted to talk or raise a concern they were listened to and where needed action was taken. A comment included, "If I've got something on my mind, staff listen to me. They're always busy, but if I need them, they make time for me." Staff were supportive of people and had a voice where needed to make sure people received all of the care they needed.

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

At the last inspection, we recommended the provider ensured all staff had the necessary skills and training to engage appropriately with the people they support

- People were supported to be at the heart of their own care and make their own decisions. Where needed, people were supported by advocates. Care records demonstrated the types of decisions people could make for themselves and how approaches needed to change in-line with people's changing mental health conditions.
- People said they had good relationships with staff and they were always available to talk about their well-being and decisions that needed to be made. Staff demonstrated flexibility to meet people's needs whilst maintaining their independence and supporting them to do all that they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- People received dignified care; the culture of the staff team supported this. Staff were responsive when people experienced a deterioration in their health and well-being and made changes to the way care was provided to ensure the whole person's needs were met. This supported people to have control over their

care, ensuring their privacy and dignity was respected and maintained. Comments included, "Carers are friendly, helpful, caring of [person]. They anticipate her needs and care for her with dignity and respect" and, "They are very caring and treat [person] with dignity."

- People were supported to maintain contact with those important to them, with visits to and out of the service encouraged. Staff understood people's protected characteristics and staff ensured people's needs were met. A diverse culture supported this. People were supported to practise their faith, eat a culturally appropriate diet and celebrate cultural events. Staff were dignified in their approach and had completed training to support this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- People received appropriate care and support which reflected their needs, wishes and preferences. Staff were responsive when people's needs changed. They worked with health professionals to do this.
- Staff worked together to offer timely care. Medicines were provided when needed to manage pain, diets were adapted, and a quiet environment was created.

We recommend the provider seeks advice from a reputable source regarding the support and training staff receive to understand people's diagnosis, are competent, and have the skills to provide end of life care.

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

At the last inspection, people did not have appropriate access to activities. This was a breach of regulation 9 (person-centred care) 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 regulation 9.

- People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. People went into the community with relatives, friends and staff to carry out activities such as swimming, to eat and shopping. Some people also went out for the day to explore the local area. Three activities co-ordinators were employed providing activities over 7 days. People also had access to the services car and bus to carry out their activities.

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

- People received individualised care and support from staff who knew them well. Care records needed continued improvements to ensure they gave a holistic view of the person and their routines to enable staff to fully support people. People had choice and control about their care and how they wanted support to be provided. Comments included, "I'm never rushed; staff always take their time when they are caring for me"
- People spoke highly about the care they received. Comments included,

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood people's communication needs and worked in-line with the accessible information standard. When people were provided with information or needed to make a decision, they had the opportunity to speak with staff about this.

Improving care quality in response to complaints or concerns

- A complaints system was in place. People told us they could speak up and be listened to and they knew how to make a formal complaint. One comment included, "If I had a complaint, I'd go and speak to the [registered] manager. I know she'd listen to me and take notice of what I had said." Where complaints had been raised, records were in place to show they had been investigated.

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 requires improvement. At this inspection the rating has changed 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; Continuous learning and improving care

At the last two inspections the provider had failed to complete effective audits or keep comprehensive records. This was a breach of regulation 17 (good governance) 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 regulation 17.

- Improved quality assurance systems were in place, they had identified where some improvements were needed. Further review was needed to ensure they identified all areas for improvement, such as those relating to medicines which had been missed. Improvements had been embedded since the previous inspection.
- Staff understood the vision and values of the organisation and demonstrated these in all aspects of their work. Staff said they were supported in their roles and found the management team were approachable and open to suggestions.

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

- A positive culture was in place. The staff team worked well together to deliver high quality care to people. Staff embraced the changes which had been implemented since the last inspection, and this had led to improvements across all aspects of the service. One comment included, "I love working here. I can see lots of changes have been made. We have more staff and have been doing training. We are more patient orientated and there are more activities."
- Leaders were visible and had the skills needed to deliver to good service. People and relatives had confidence in the management team. Comments included, "This home is well managed. If you need something, they are always there for you" and, "Management are really nice people; they really care."

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 things went wrong, the provider carried out investigations and made the improvements needed.

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

- People, relatives, health and social care professionals and staff were invited to give feedback about how

the service was run. This included meetings and surveys. One comment included, "We're given surveys to fill in from time to time. They always take notice of any issues raised."

Feedback was used to support improvements at the service. People had provided feedback about the garden area and the provider had plans in place to address this.

Working in partnership with others

- The service worked well with a range of professionals to support the running of the home and the care of people who lived there. The service was involved in a pilot with GPs to look holistically at the care people received and how their health outcomes could be improved.
- Where information needed to be shared, it was done so in a timely manner.