

HC-One Limited

Primrose House Nursing Home

Inspection report

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Primrose House is a single-story purpose-built building providing personal and nursing care for up to 42 adults. The service was supporting 42 people at the time of the inspection. The building is adapted to meet people's needs including those living with dementia.

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

People's needs had been fully assessed prior to them being supported by the service. Care plans held sufficient detail for staff to follow to ensure their likes, dislikes and preferred routines were supported. Risk assessments were in place to ensure people's individual needs could be met and risks reduced or mitigated.

People received safe and effective care from staff that knew them well and were kind and caring. Safe recruitment procedures were in place and people were supported by regular staff. People were protected from the risk of harm and abuse. Staff had received training and felt confident to raise any concerns they had.

People's privacy and dignity was respected, and their independence promoted. People and their relatives spoke positively about the management and staff team. People's dietary needs were assessed and met.

Medicines were managed safely by trained and competent staff. Medication administration records (MARs) were fully completed and regularly audited to identify any areas for development and improvement. Staff had access to medicines policies and procedures as well as best practice guidelines. Staff had received infection control training and understood how to minimise the risk of infection being spread.

People participated in activities and were supported and encouraged to maintain contact with relatives. Staff communicated with people in ways that were meaningful to them.

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.

The provider and management team completed regular audits across all areas of the service. Actions were identified and used to continually develop and improve the service. Feedback from people and their relatives was regularly sought.

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 good (Published 18 July 2017).

While 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Primrose House 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.

Inspection team

The inspection was completed by an inspector and an Expert by Experience. 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 House 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

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and nine relatives about their experience of the care provided. We spoke with ten members of staff including a representative of the provider, registered manager, deputy manager, two nurses, two nursing assistants, senior carer and support workers. We spoke to a healthcare 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. This included three people's care records and multiple medication records. We looked at five 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.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had all received safeguarding training and had access to a whistleblowing policy. Staff knew how to safeguard people from abuse and were confident to raise any concerns they had.
- The registered manager had sent us statutory notifications to inform us of any events that had placed people at risk of harm.
- Feedback from people and their relatives told us that they felt safe living at Primrose House. Their comments included; "I do feel it's safe here, as always people in and out", "Staff position themselves in very much aware of what's going on, the interact quickly when needed" and "It's fine living here, we feel safe all the time."

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained guidance for staff to follow to keep people safe.
- Effective systems were in place for checking the safety of the environment and all equipment.
- Regular fire safety checks were completed, and a fire risk assessment was in place. All staff had received up-to-date fire safety training.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were consistently undertaken.
- Appropriate numbers of suitably qualified and trained staff were on duty to meet people's needs.
- People and their relatives told us they were generally enough staff to support their needs. Their comments included; "Always seem to be enough staff, we come at different times of the day, they always have time for the resident in a friendly and polite", "Sometimes there could be a few more staff but it doesn't affect the care they give and they never appear rushed" and "Plenty of staff about, nurses as well as carers."

Using medicines safely

- Medicines were administered by trained and competent staff.
- Medicines were ordered, stored, administered and disposed of safely.
- Policies and procedures for the management of medicines were readily available for staff to refer to along with other good practice guidance.
- People told us they received their medicines on time. Their comments included; "The nurses give me my medicines and never rush me" and "I just let staff know if I am in pain and the nurse will come to give me my painkillers. I don't always need them."

Preventing and controlling infection

- Infection control procedures were in place and staff had received training.
- The service was clean and free from offensive odours.
- Staff had access to personal protective equipment (PPE) that included disposable gloves and aprons.

Learning lessons when things go wrong

- There was an effective system in place for the recording of accidents and incidents at the service.
- Accidents and incidents were regularly reviewed by the registered manager to identify any trends or patterns within the service. Analysis was undertaken to minimise future risks and re-occurrences.

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 has 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

- People's needs were fully assessed, considering their physical, mental and social needs prior to being supported by the service.
- Care plans reflected people's individual needs, preferences and personal choices with clear guidance for staff to follow.
- People, relatives of their choice, as well as health and social care professionals were fully involved in the assessment and planning of people's care.

Staff support: induction, training, skills and experience

- All staff had completed an induction at the start of their employment.
- Staff had the necessary knowledge, skills and experience for their roles.
- Staff received regular support through supervision, annual appraisal, daily handovers and team meetings.

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

- People were supported to eat and drink in accordance with their assessed needs and personal preferences.
- Staff demonstrated a good understanding of people's individual dietary requirements. Guidance was available for staff within people's individual care plans and risk assessments.
- We saw that staff were attentive and interacted well with people during their lunch.
- People and their relatives spoke positively about the food and drink. Their comments included; "The food is nice and there is plenty of choice", "Tea and coffee are always available" and "The food is good, very tasty."

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

- People had access to their GP and other healthcare professionals as required. Clear records were maintained in respect of people's healthcare visits which ensured staff had access to the most up-to-date information to support people.
- The management and staff team worked closely with a range of external agencies. This included multidisciplinary teams and the commissioners of the service.
- Comments from a healthcare professional included; "People are enabled to keep thriving", "Staff request visits appropriately, hospital admission is avoided where possible and communication is good."

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

- The layout of the building supported people's freedom of movement around the service.
- The service was attractively decorated, and people's rooms were personalised.
- Signage was in place to help people find their way around the building.

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.

- People's capacity had been assessed. Applications for DoLS had been made appropriately for people living at the service, as and when required.
- Staff had received training in the MCA and DoLS and understood the importance of assuming a person has capacity to make decisions, unless assessed otherwise.
- Where people had been assessed and not have capacity to make specific decisions, systems were in place to ensure they retained maximum choice and were supported by staff and the least restrictive way.

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

- Staff interacted with people in a natural and familiar way. They were consistently polite and courteous.
- People spoke positively about the staff that supported them. Their comments included; "The staff are good, they always check up on us", "All the staff are friendly, caring, kind and work hard" and "We are well looked after, staff do well."
- Relatives told us; "Staff are competent and kind, we are very happy with the way [Name] is treated, they understand their likes and dislikes" and "Staff can't do enough for the residents they are very kind. They are thoughtful of both residents and relatives."
- Many positive comments about the service had been received from relatives. Some of these comments included; "Primrose House has a lovely, friendly atmosphere. Nothing seems too much trouble for the staff who treat the residents with great respect and dignity. My nan has been here for 3 years and is always happy" and "Very helpful and friendly staff. Always keen to keep us informed. A lovely atmosphere, staff/patient ratio excellent."

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

- People and their relatives told us they were fully involved in all decisions about their care and support. Regular reviews of people's care plans took place.
- People and their relatives were given the opportunity to express their views and opinions through regular meetings.
- Staff ensured people were supported to make decisions and choices about their individual care and support.
- People's individual communication needs were clearly documented, and guidance included within care plans for staff to ensure these needs were met.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was maintained, and each person was treated as an individual. People's right to privacy and confidentiality was respected.
- We saw that staff knocked on people's doors and waited for an answer before entering, they asked permission before commencing a task and explained what they were about to do before they provided assistance.
- People appeared well cared for, groomed and appropriately dressed. Staff ensured people were dressed in clothes of their choice and appropriate to the season.

- One relative told us; "In the early days staff did a lot to promote their independence, this was so important."

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were detailed and contained sufficient information to enable staff to ensure they met people's personal preferences. They also had guidance on how to support people when they were well, and also the signs that may indicate they were becoming unwell.
- Staff completed a written record of the care and support offered and provided to people. These records reflected how people's needs had been met.
- Each person had a personal profile which held information about their life, work, family and history. Staff were familiar with this information and used it to have purposeful conversations with people.

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.

- Staff understood how people communicated and used appropriate methods when communicating with them.
- Information was available to people in accessible formats that included easy read, large print and pictorial.

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

- People had access to a range of activities within the home, and their local community as well as having the opportunity to enjoy trips out during nice weather. Church services took place regularly.
- Relatives told us they visited people regularly and were actively encouraged to maintain their relationships. Their comments included; "It's nice to feel welcome, all staff are very friendly and very accommodating" and "I visit at all different days and times throughout each week. Staff are always welcoming, they are supportive of me as well as my mum."

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure available. People and their relatives told us that they knew how to raise a complaint or concern and felt confident they would be listened to and their concerns acted upon by the management team.
- Complaints were investigated and responded to in line with the complaints policy. Any complaints were analysed and used as opportunities to further improve the service.

End of life care and support

- People's specific wishes and preferences were recorded within their care plan.
- Appropriate healthcare professionals and relatives of choice were involved in helping to develop people's 'end of life' care plans.
- Staff understood the importance of providing end of life care that was tailored to each person's individual wishes and preferences. Staff were able to describe how they supported people at the end of their life to have a comfortable, pain-free and dignified death.
- A healthcare professional told us that the end of life care at the service was very good.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff and management team developed positive relationships with the people they supported and their relatives.
- People received person centred care. People were also regularly involved with reviewing their own care to ensure it continued to meet their needs.
- The staff and management team were committed to delivering care and support to meet people's needs and preferences to maximise their quality of life.

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 registered manager and staff team understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.
- Policies and procedures to promote safe, effective care to people were available at the service. These were regularly reviewed to ensure staff had access to best practice guidance and up-to-date information for their role.
- The ratings from the previous inspection were displayed at the service and on the provider's website as required by law.

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

- The registered manager was clear about their responsibilities and also the regulatory requirements of their role. They had notified the CQC when required of events and incidents that had occurred at the service.
- Effective quality assurance systems and processes were in place. Audits were consistently completed and areas for development and improvement highlighted and promptly addressed through action plans.

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

- People, relatives and staff were regularly asked for feedback about the service. This information was used to further improve and develop the service.
- Staff told us their views were welcomed, listened to and acted upon by the management team. They said

they felt fully supported and felt confident to raise any concerns they had. Their comments included; "The management team are supportive with issues inside and outside of work" and "Staff openly share ideas, opinions and views during staff meetings."

Continuous learning and improving care

- There were clear systems and processes in place for learning from any concerns or complaints raised by people, their relatives and professionals.
- Accidents and incidents were analysed to identify trends or patterns and also to mitigate or minimise future risks.

Working in partnership with others

- The management team and staff worked closely with other agencies to ensure positive outcomes for people.
- Comments from other healthcare professionals included: "The management team and staff at all levels are lovely with the residents", "[Staff name and Staff name] are pragmatic in their approach" and "There is a consistency and good retention of staff which is important for people."