

Primula Care Limited

Primrose Lodge Southbourne

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

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

Primrose Lodge Southbourne is registered to accommodate up to 27 people. At the time of our inspection there were 22 older people were living in the home in one adapted building in a residential area of Bournemouth.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People were supported by staff who understood the risks they faced and the support they needed to reduce these risks. Staff understood how to identify and report abuse. Staff also supported people to take their medicines as prescribed. We identified that staff did not know the risks associated with some medicines. This was addressed immediately by senior staff.

People all liked the food and there were systems in place to ensure they ate and drank safely.

People were supported by caring staff who had the skills and knowledge they needed. Staff knew people well and were able to describe the care and support they needed. This ensured people were supported to live their life the way they chose. People had access to a range of activities, both within the home and the local community, that they enjoyed.

Communication needs were considered and staff supported people to understand the choices available to them. This meant people were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The systems in place around recording decision making within the framework of the Mental Capacity Act 2005 were not robust. This was addressed during our inspection and we have made a recommendation about this. Where people needed to be deprived of their liberty to receive care this had been identified and responded to appropriately.

People and relatives told us they could raise any concerns and these were addressed quickly. They told us that the manager, provider and the whole staff team were kind and approachable.

Quality assurance systems reflected the needs of the service and involved people. These systems had been effective in the provision of a safe and good quality service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Primrose Lodge Southbourne

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the 23 July 2018. The inspection team was made up of one inspector and one assistant inspector. Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with nine people. We also spoke with relatives of two people. We spoke with five members of staff, the registered manager and two representatives of the provider organisation. We gathered information from social care commissioners who had worked with the service. We also looked at six people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits and accident and incident records.

Is the service safe?

Our findings

People felt safe. One person told us: "I feel safe. They are very good." A relative commented "I cannot tell you the impact on our family. She is safe, she is happy, she is so well looked after."

People were supported by staff who understood the risks they faced and knew the measures that helped reduce these risks. Where the risks people faced changed the staff were quick to discuss care with people, their families and professionals and so ensured appropriate measures were put in place. For example, one person had received input from the falls prevention team and staff understood how best to support them.

Staff worked with people, relatives and appropriate health and social care professionals to monitor and assess risk. This meant that people were able to determine the support they wanted. For example, one person went out on their own having discussed the risks involved and agreed to systems to reduce these risks. They were supported to make these decisions by staff who respected their rights and promoted their autonomy.

Staff understood their role and responsibilities to protect people from abuse. They were able to explain signs which may indicate someone had been harmed, to explain what they would do to make them safe and how they would report this. Staff were confident that senior management would respond quickly if they raised concerns about people's welfare.

People were cared for by safely recruited and appropriately trained. People told us that staff helped them when they needed help and we observed that this was the case throughout our visit. One relative told us: "They always have time and nothing is too much trouble."

Staff understood the importance of infection control and maintained a clean and safe environment. Building work was planned to improve the environment and this would make some areas easier to keep clean. People and staff were contributing to these plans.

People told us they received their medicines when they needed it. This meant staff gave medicines frequently throughout the day so that people took medicines at optimal times. Everyone living in the home could make staff aware if they needed pain relief and they told us they always got it if they needed it. There were systems in place to ensure that medicines were stored and administered safely. We saw that this had been discussed at a team meeting and improvements had been achieved. Staff were confident about the support people needed with creams. Staff did not understand the risks associated with some medicines and this was addressed as soon as we highlighted it. This was also shared with the provider's other homes.

There was an open approach to learning when things went wrong. All incidents and accidents were monitored and a record kept of learning shared to reduce the risk of reoccurrence, this meant people were made safer due to staff reflection and learning.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS had been applied for appropriately. There were systems in place to ensure that any conditions to DoLS were met.

The people living in Primrose Lodge Southbourne were able to consent to their day to day care and support and staff explained how they checked with people. People told us they made decisions about how they spent their time and who they invited into the home. They told us staff always asked them what they wanted. One person said: "I discuss everything with the girls (staff)." People were encouraged to make as many decisions as possible. We discussed when MCA assessments were needed with senior staff and highlighted a few situations where assessments were indicated due to people's health conditions. MCA assessments determine whether people have capacity to make specific decisions. If they are not able to, best interests decisions are carried out in line with the legislation. If assessments are not carried out care may not be being provided in the person's best interests. Senior staff documented these assessments immediately after our visit and sent us confirmation of this. They assured us they were continuing to develop their understanding of this legislation.

We recommend you seek appropriate guidance to ensure that the recording of MCA decisions continues to reflect the MCA Code of Practice.

People were supported by staff who understood their needs and could describe these confidently. They had received training to ensure they could provide this support safely. People told us this training was effective. One person told us: "The staff are very good." There was a system that ensured that training was kept current and all staff were afforded the chance to undertake nationally recognised qualifications in care. When appropriate, new staff were supported to undertake the care certificate. This is a national training programme to ensure staff who are new to care have a positive induction. Staff told us the support they received both day to day and through supervisions and appraisals gave them the confidence and skills they needed to provide good care. One member of staff explained they felt "very supported" another commented on their access to training saying: "I had a good induction and now I am doing my NVQ"

People were supported to maintain their health. People, and relatives, told us that people received support from their GPs, district nurses, physiotherapists and if necessary emergency healthcare. They told us that staff made good decisions about calling for input. People had access to health professionals and the information necessary to support them to maintain their health was mostly detailed in their care plans. We saw that oral health assessments had been undertaken but these did not always translate into care plans. Staff understood the care people needed and the documentation was addressed by senior staff.

People were supported to eat and drink safely. Mealtimes were a social occasion with staff sitting with people chatting and providing support discretely if necessary. Feedback about the food was gathered and

this information was used to develop menus. People all told us how much they enjoyed the food. One person said: "It is good food and if you wanted something different they will make it." People were supported to have enough to eat and drink and there were systems in place to ensure this. People chose to eat sitting in the dining room or in their rooms.

There were on going plans to improve the environment with building work planned. People and staff had been involved in this to ensure that the developments would meet people's needs.

Is the service caring?

Our findings

People were cared for by staff who knew them well and cared about them. They were able to describe the things that made people happy and commented respectfully on people's relationships.

People, and relatives, universally commented positively on the staff making comments such as: "They are all very nice", "They are all wonderful." and "They are 100% faultless." We heard from relatives and staff who said that the good care led to people being happy and receiving personalised care. One person had been on holiday with a member of staff, another person had regained lost skills. The staff team cared for each other too, describing each other's strengths and acknowledging Primrose Lodge Southbourne as a nurturing place to work. This caring happy atmosphere was supported by the provider organisation. We saw a recent manager's meeting had highlighted: "a smile costs nothing".

Staff knew people well and their conversations reflected familiarity and fun where this was appropriate. There was a lot of laughter heard throughout our visit and it was clear that people and relatives knew and valued their relationships with staff. Compliments had been received from relatives reflecting positive views on the caring nature of the home. One relative had written~: "You gave yourselves, your time, your love."

Care plans focussed on people's strengths, skills and how they could remain in charge of their lives. This ensured that dignity and respect were promoted at all times. Staff were committed to promoting respect and an inclusive environment. Care plans detailed communication needs and staff used this information to help people to make decisions.

Is the service responsive?

Our findings

People told us they received care that reflected their needs and their preferences. They said they were supported to live lives that reflected their wishes. People chose to spend parts of the day together engaged in activity or chatting. They joined in planning for social events such as the summer garden party scheduled for the weekend following our inspection. This party was also billed as the 21st birthday party of one of the staff members which was indicative of how staff and people spent time together. The result was a sense of being part of a community involving people, relatives and staff.

Staff described the importance of their personalised approach for all the people they supported. One relative reflected on this explaining how the staff had supported their loved one to regain skills. A person told us about changes they had needed and how they had been involved in implementing these.

People were supported to carry out activities and spend their time doing things that were meaningful to them. People told us how important these activities were to them. One person told us about a trip to the beach explaining how important it had been to put their feet in the sea. Another person described a holiday that they had been on, with the manager, with a broad smile. A relative also told us about the range of activities available and how much their loved one enjoyed these.

Staff understood how people communicated and this information was recorded and shared so that to ensure they could communicate meaningfully.

People and relatives told us that any concerns they had were listened to and actions taken. There was a complaints policy in place, should anyone wish to make a complaint and we saw that this process was used effectively to respond to complaints and to ensure learning when appropriate.

The staff were all passionate about ensuring people experienced the best care possible at the end of their lives. No one was receiving this care at the time of our visits however we were able to read cards that had been sent by relatives of people who had died recently. These cards expressed appreciation for the compassionate and loving care people had received. One relative wrote: "you all made them very special". Another relative observed: "we can never thank you enough" for the personalised care their loved one had received. Where people wished to make plans about this time of their lives they were supported to do so.

Is the service well-led?

Our findings

There was an ethos of ensuring that Primrose Lodge Southbourne was home to the people who lived there. Staff told us: "We will do all we can to make people feel at home." People appreciated this feel and told us how much they liked the friendliness of the home. The home was part of the provider group Primula Care Limited and provider representatives visited the home regularly to undertake monitoring and support visits.

Staff were proud of their work and told us: "It is a lovely place to work" and "We know each other and the people who live here very well." They felt part of a supportive team and made comments such as "I am definitely supported by my manager". Staff felt listened to and supported by the registered manager, senior staff and their colleagues. The registered manager, and provider representative, spoke highly of the staff team and commented on their accountability and compassion. They explained that they covered each other's shifts and supported and nurtured each other.

Staff understood their responsibilities and knew who they could seek guidance from. The registered manager was focussed on ensuring Primrose Lodge Southbourne was a good place to live and to work. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. All the senior staff knew the people using the service well. They worked alongside staff and were familiar with people, relatives and other visitors.

People, staff and relatives commented on the approachability and availability of the registered manager and other senior staff. People and relatives told us they were asked about their view of the service and this contributed to improvement plans. For example, people had been asked about building plans within the home to ensure that the new part of the building met people's needs and preferences. Residents meetings also involved discussion about activities, food and community events.

The provider and staff in the home understood their legal responsibilities and the registered persons had ensured relevant legal requirements, including registration and safety related obligations had been complied with.

Quality assurance processes were in place and reflected the needs of the home. Staff understood their roles within this process and we saw that areas for development were identified and acted on. Areas of development identified during the inspection were responded to immediately and learning shared throughout the wider provider organisation.