Care Quality Commission

Leeds City Council

Primrose Hill

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected Primrose Hill on the 26 November 2014 and the visit was unannounced. Our last inspection took place in November 2013 and at that time we found the home was meeting the regulations we looked at.

Primrose Hill is a purpose built home. It is owned and maintained by Leeds City Council. The home provides care for up to 33 people. It is set in a quiet location in Boston Spa close to the local shops, pubs and a post office. Accommodation is in single rooms and there are also well-equipped assisted communal bathing facilities. Lounge and dining facilities are situated on two floors.

There was a registered manager in post. 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.'

We were told by the registered manager the home has been earmarked for closure. This would be done when permanent residents no longer needed the service. However no time scale has been specified.

The experience of people who lived at the home was positive. People told us they felt safe living at the home, staff were kind and caring and they received good care.

Summary of findings

They told us they were aware of the complaints system. They also said they would be happy to raise any concerns they had with the staff and would be confident these would be listened to and acted upon.

However we found processes to keep people safe requires improvement. For example, some staff personnel files did not contain the person's application form or references. There was no evidence to show all staff had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. This breached Regulation 21 of The Health and Social Care Act 2008 (Requirements relating to workers) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The home had not carried out a mental capacity assessments to determine if people had the capacity to give consent themselves. We also saw the home had made Best Interest decisions for someone without assessing their mental capacity. This meant the home had not acted in accordance within the requirements of the Mental Capacity Act 2005. This breached Regulation 18 (Consent to care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 210. You can see what action we told the provider to take at the back of the full version of the report.

On the day of the inspection there were eleven people living at the home. We saw people looked well cared for.

We saw staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes.

People told us they enjoyed the food and we observed people were offered choice and supported in accessing food and drink independently

People said they received appropriate healthcare supported when required. For example people said "The GP, district nurse and anyone else visits whenever they are needed."

People's care plans and risk assessments were person centred. They were reviewed on a regular basis to make sure they provided accurate and up to date information.

All the staff we spoke with were aware of signs and symptoms which may indicate people were possibly being abused and the action they needed to take.

There was an effective quality assurance monitoring system in place which quickly identified any shortfalls in the service and there were systems in place for staff to learn from any accident, incidents or complaints received.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Recruitment procedures designed to keep people safe had not been correctly followed. The lack of robust recruitment procedures meant people were at risk of being cared for by unsuitable staff.

The risks to people were managed appropriately and care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The staff we spoke with knew how to recognise and respond to allegation of possible abuse correctly and were aware of the organisations whistleblowing policy.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. The home had not carried out a mental capacity assessment to determine if people had the capacity to give consent themselves.

People told us they received appropriate healthcare support. We saw evidence which demonstrated that people who lived at the home were referred to relevant healthcare professionals, such as GPs and district nurses in a timely manner.

People's nutritional needs were being met. People told us the food was good and we saw people were provided with appropriate assistance and support to eat their meals.

Is the service caring?

Good

The service was caring. We observed how staff interacted with people who used the service and we saw they were kind and compassionate. It was clear from our observations that the staff knew people well.

People said their privacy and dignity was respected. We observed staff knocking on doors and asking permission before entering rooms.

People who lived at the home and relatives told us the staff were friendly and kind. They said staff regularly checked them to ensure they were not in need of any assistance.

Is the service responsive?

Good

The service is responsive. Staff were responsive to people's individual needs and care plans reflected people's preferences and choices. We observed people's views were listened to and acted upon during daily interactions with staff.

Residents meetings were held. These provided a mechanism for people to feedback comments or concerns to management.

Summary of findings

People told us they knew how to make a complaint if they were unhappy and were confident if they made a complaint it would be investigated by the manager. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

Is the service well-led?

Good

The service was well-led. The manager was clear about the future development of the service and was proactive in ensuring wherever possible both people who lived at the home and staff were involved in improving service delivery.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in the service and address any non-compliance with current regulations.

Primrose Hill

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.

The inspection took place on the 26 November 2014 and was unannounced. The inspection team consisted of two adult social care inspectors.

We used a number of different methods to help us understand the experiences of people who used the service. During our visit we spoke with seven people living at the home, two relatives, six members of staff and the manager. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people living in the home. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to peoples care and the management of the home such as training records and policies and procedures.

Before our inspection, we reviewed all the information we held about the home. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

The service was not safe. We looked at the recruitment records for three staff members. We found that recruitment practices were not safe. Two of the personnel files looked at did not contain the person's application form or references. There was no evidence to show both staff had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DSB helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable groups. The manager told us these staff had been transferred from other homes in the organisation and the home had made request for these information.

This breached Regulation 21 of The Health and Social Care Act 2008 (Requirements relating to workers) Regulations 2010. This is because the provider had failed to make suitable arrangements to ensure that information specified in Schedule 3 is available. You can see what action we told the provider to take at the back of the full version of the report.

We spoke with the manager about the staffing levels. We were told the rota ensured there were three care staff on duty throughout the day and two waking staff at night. The home also has two domestic workers, a cook with two domestic helping with preparation of meals. Staff we spoke with told us they felt staffing levels were adequate at the current time as there were only 11people living at the home.

People told us they felt safe and we saw risks to people were assessed and managed appropriately. We looked at four people's care records and saw they contained comprehensive risk assessments which provided staff with clear guidance on how to support people safely and manage any risks identified. For example, one person required the use of a hoist to assist them when transferring between their wheel chair and their bed. We saw the risk assessment gave staff step by step instructions on how to use the hoist safely. This showed care and treatment was planned and delivered in a way intended to ensure people's safety and welfare.

People received their medicines safely and when they needed them. We saw medicines were stored securely and we checked the stock levels for one person against their medicine administration record (MAR) and found they were correct. We looked at 11 MAR charts and saw there were no gaps where staff were required to sign to say they had given people their medicines. We saw on the reverse of the MAR there were notes made to evidence decisions made to omit medication and where people had received 'as required' medication. We saw each person had a medication care plan and identity record in place. This held information regarding people's GP known allergies and circumstances for administering 'as required' medicines. This ensured staff were aware of the signs to look out for when making decisions around administering pain relieving medication. We saw ordering systems ensured people did not run out of their medicines. People we spoke with told us they received their medicines when they needed them.

We saw evidence which confirmed the provider had safeguarding policies and procedures in place. These were designed to protect people from harm. Staff we spoke with told us they would immediately raise any concerns with the manager and they were confident they would take action to address concerns raised. Staff were aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the home if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and raise concerns.

Requires Improvement

Is the service effective?

Our findings

Some aspects of the service were not effective. In the four care records we looked at we saw documents were in place for the purpose of assessing the person's mental capacity. However, these documents were blank. In one person's records we saw the home had obtained consent from people's relatives. There was no evidence to show why they had done this. For example, they had not carried out a mental capacity assessment to determine if the person had the capacity to give consent themselves. We also saw the home had made Best Interest decisions for another person without assessing their mental capacity. This meant the home had not acted in accordance within the requirements of the Mental Capacity Act 2005. We have asked the provider to make improvements

This breached Regulation 18 (Consent to care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 210. You can see what action we told the provider to take at the back of the full version of the report.

People had access to healthcare services when they needed them. We saw evidence in four people's care records which showed they had received regular visits from other healthcare professionals such as podiatry and chiropodists. This showed people living at the home received additional support when required for meeting their care and treatment needs.

The manager told us although the home is due to close they were ensuring a quality service was delivered. They were working hard to keep the home feeling positive and making as little impact on the people who used the service as possible. Rotas had been reduced to reflect numbers and this had only been made possible through everyone's flexibility and support. The staff team had looked at making the home not look empty by moving people downstairs and making changes to communal areas.

A programme of annual appraisals was in place to provide staff with support. Supervision was held with staff regularly and we saw evidence that a number of staff had received supervision in recent months. The staff we spoke with told us they were provided with good support from the registered manager.

The manager told us the home was now operating a Winter menu of two options and a daily specials board. People were asked daily what their preferences were and meals were then cooked to order. People spoke very positively about the food which they said was varied and plentiful. For example one person said "Food excellent, cook very good, lots of choices." We found people were assessed to determine whether they were at risk of malnutrition and where risks were identified care plans were put in place to assist staff in meeting their needs. People's weights were monitored and we saw evidence of involvement of dieticians where weight loss was identified.

We observed lunch being served to people in the home and saw people who required support with eating their meal were assisted by staff in a discreet and unhurried manner. We observed staff were patient with one person who was offered two different choices and refused both. When they person was offered some toast and jam by one member of staff they accepted and ate it all. The staff member told us the person loved toast. We also saw another person did not want any of the desserts on offer however, when a staff member brought them a bowl of ice cream we saw they were pleased with it and ate all of it. This showed the staff at the home knew people's preferences.

Good

Is the service caring?

Our findings

The service was caring. We spoke with seven people who told us staff were kind and considerate, listened to them and involved them in decisions. People said their independence was promoted and privacy and dignity was respected. We observed staff speaking to people in a kind and caring way, knocking on doors and asking permission before entering rooms.

The home had a very friendly and welcoming atmosphere. People appeared happy and well cared for and they were complimentary of the care received. The service is going through a difficult time with regard to the closure future plans. As numbers of people using the service were reducing and staff leaving ensured staff had that people still felt well cared for. We observed a good rapport between staff and people living at the service people were smiling and there was a cheerful banter between people as they chatted with one another and staff.

We looked in people's bedrooms and saw they had been personalised with photographs and ornaments. We spoke with four staff about people's preferences and needs. Staff were able to tell us about the people they were caring for, any recent incidents involving them and what they liked and disliked. This showed care staff knew what was important to the people they cared for and helped them take account of this information when delivering their care.

The cook told us people could choose what they wanted to eat and if someone did not want what was on the menu they were offered an alternative. We observed one person asking for a different meal to what was on the menu and being given what they had asked for.

A relative spoken with said, "The care given here is second to none and the staff go out of their way to go the extra mile."

In one of the satisfaction surveys we looked at we saw a relative had written, "When my relative was at Primrose Hill we found everything to our satisfaction. I still call in twice a week."

The manager was able to clearly describe end of life care arrangements in place to ensure people had a comfortable and dignified death. This included consultation with a multi-professional team and relatives. We looked at care plan documentation and saw evidence that advanced care plans were in place where appropriate and care plans were amended regularly with input from multidisciplinary teams.

Good

Is the service responsive?

Our findings

Staff were responsive to people's individual needs and care plans reflected people's preferences and choices. We looked at the assessments which had been carried out for four people living at the home and saw these contained detailed information regarding their social care needs, emotional needs, specific health care needs, medication needs and physical health care needs. From this we saw a care plan had been developed which provided staff with clear guidance on how to meet the person's needs. We saw regular monthly reviews of the care plans were carried out however, we found these contained minimal information regarding the review and often repeated the same phrase 'no changes'.

People told us the home enabled them to access the community and maintain relationships with family and friends without restrictions. For example a community group is coming in over the next few weeks to do social activities and they will also be assisting with craft activities for Xmas.

People's views were listened to and acted upon during daily interactions with staff. We observed staff offering people the opportunity to engage in a quiz in the main lounge area. People who did not want to be involved told staff and they were able to watch TV in other areas of the home. They told us they were happy to watch the TV and they preferred smaller sitting areas. This showed the service was meeting the social needs of people who lived at the home.

Daily handovers took place so that staff updates the next staff on shift about people's needs and if any changes in their care had been identified. We saw evidence that changes to people's needs were recorded on handover forms to make staff aware, for example we saw it was noted that one person had difficulty sleeping, so staff could take this into account when caring for the person.

Residents meetings were held. These provided a mechanism for people to feedback comments or concerns to management. People we spoke with told us problems raised at these meetings were dealt with.

People we spoke with knew how to make a complaint and who to go to if they had any concerns. We saw people had access to the complaints procedure as this was displayed in the home. The complaints procedure gave details on what a person could expect in terms of timescales for their complaint to be dealt with. We looked at the complaints log and saw the complaints had been resolved. This showed the complaints people made were responded to appropriately.

Good

Is the service well-led?

Our findings

The registered manager had been in post for three years. During the inspection people who lived in the service, relatives and staff told us the manager kept them up to date with the future plans for the service and any possible impact this may have on them.

We saw evidence of a rolling programme of meaningful audit to ensure a reflective and quality approach to care. Audits carried out by the manager included medicines, care plans and the internal environment and fabric of the building. The outcomes of these audits were translated into action to ensure problems were addresses speedily.

We saw a senior member of the organisations management team met with the manager on a monthly basis to discuss matters of interest. This included learning points from incidents, training needs and performance. This ensured that the provider had a strategy for maintaining quality and responding to issues as they arose in the service.

The staff we spoke with told us they were well supported by the manager and were encouraged to air their views and opinions about the service so that improvements could be made if necessary. We saw the minutes of staff meetings and resident meetings which recorded current things and suggestions. This showed us the provider had put appropriate systems in place to obtain the feedback of both people who lived at the service and staff.

Within the home the manager met with staff on a monthly basis. Our scrutiny of minutes indicated that key care matters such as safeguarding, infection control and risk management were a common feature of topics for discussion.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers **The registered person did not operate effective recruitment procedures.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The home did not obtain consent from residents for the care and treatment received. The home had made Best Interest decisions for people without assessing their mental capacity. This meant the home had not acted in accordance within the requirements of the Mental Capacity Act 2005.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.