

Diamond Healthcare Ltd

# Primrose Villa Care Home

## Inspection report

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17 September 2020  
02 October 2020

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Primrose Villa Care Home is located in the Standish area of Wigan and provides personal care and support for up to 15 people in one adapted building. Accommodation is across two floors with all communal areas located on the ground floor.

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

We found improvements were required with weight monitoring, access to dental care, some aspects of the auditing process and the timeliness with which identified actions were addressed.

People were complimentary about the food provided and said they got enough to eat and drink. People's weight was checked and recorded consistently. However, the system used to monitor unplanned weight loss and document actions taken required strengthening.

We have made a recommendation about how weight loss is assessed and documented.

People told us they had access to a GP or other medical professionals as required. Basic oral care information was included in people's care files, however, none of the people we spoke with could remember seeing a dentist. The registered manager confirmed people were not currently registered with a dentist.

We have made a recommendation about the provider investigating dental care options for people.

People were happy living at the home. They were offered choice and had their consent sought before staff commenced any care or support. Care plans demonstrated people had been involved in planning and reviewing their care in line with their wishes.

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 home used a range of audits and monitoring tools to assess the quality and safety of the environment and care provided. A continuous improvement plan was used to record required actions and report on progress. However, actions identified had not always been addressed timely and the frequency with which some audits were completed required review.

We have made a recommendation the provider reviews the current audit process and schedule.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was requires improvement (published June 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations, although remains requires improvement. The service has been rated requires improvement for the last two inspections

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primrose Villa Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 effective?**

The service was not always effective.

Details are in our effective findings below

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Primrose Villa Care Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Requirement Notices issued following the last inspection in relation to Regulation 13 (Safeguarding service users from abuse and improper treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The requirement notices were issued due to the provider failing to ensure restrictions to people's liberty had been authorised consistently and because systems and processes to monitor the safety and quality of service provision and ensure actions were addressed timely, were not robust. The provider had also failed to actively seek the views of people using the service, through regular meetings or questionnaires.

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

The inspection was carried out by two inspectors.

#### Service and service type

Primrose Villa 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

We gave a day's notice of the inspection due to the COVID-19 pandemic to ensure we had prior information to promote safety. Inspection activity started on 16 September 2020 and finished on 2 October 2020, at which point we had received all the additional information we had requested from the provider. We visited

Primrose Villa on 17 September 2020.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people living at the home about their experiences of the care and support provided. We also spoke with four care staff, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records relating to the effective and well-led key questions. This included six people's care records, training and supervision records, audit and governance information.

#### After the inspection

We requested additional evidence from the registered manager and nominated individual. This included further audit, quality monitoring and governance information. We visited the home again on the 23 September to collect additional evidence collated by the registered manager, which had not been sent electronically.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection the provider had failed to work within the principles of the MCA and ensure restrictions to people's liberty had been authorised consistently. This was a breach of Regulation 11 (Need for consent) 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 11.

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.

- Where people lacked capacity to consent to care, best interest meetings and decision making had taken place. However, the document used was not easy to navigate and in some cases was not decision specific, with multiple areas being covered on the one document.
- When completing best interest meetings, the home did not always involve the person's wider multidisciplinary team, such as GP or social worker as is best practice. The registered manager agreed to do so moving forwards. We will follow this up at the next inspection.
- Both new DoLS applications and re-applications had been submitted as per guidance, with a new diary system used to ensure submission timescales had been met.

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

- Monitoring of unplanned weight loss and the use of nutritional monitoring tools to support this required

strengthening.

- The home had Malnutrition Universal Scoring Tool (MUST) guidance in care files. MUST is a widely used five-step screening tool to identify adults who are malnourished, at risk of malnutrition or obese. However, the MUST had not been used, with the home using a different monitoring tool, for which no detailed guidance was included.
- The home's monitoring tool had not been used correctly, as this was just being reviewed each month, rather than a new assessment being carried out based on the person's current weight; which had been taken consistently. As a result it was not always clear whether action had been taken when people experienced unplanned weight loss.

We recommend the provider uses the Malnutrition Universal Scoring Tool as per the guidance contained in people's care files and reviews their systems for documenting weight loss and actions taken.

- People told us they received enough to eat and drink, received a choice of meals and were complimentary about the standard of the food provided. Comments included, "I get more than enough here, there are cakes and trifles and all sorts of goodies" and "It's very good food."

Staff support: induction, training, skills and experience

- The supervision and appraisal process for staff required strengthening. The supervision process should be a two way conversation and used as part of staff development.
- Although supervision meetings had been completed in line with the provider's policy, staff told us meetings consisted of being asked to read through a pre-prepared form completed by the registered manager and to sign it if they agreed with the content. The registered manager confirmed this was correct, although stated opportunity for staff to discuss issues was provided where required.
- The COVID-19 pandemic had impacted on the completion of face to face training sessions, for which external providers were normally used. However, e-learning sessions had continued with a matrix used to monitor completion and ensure staff were up to date.

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 a range of medical and healthcare services, such as GP's, district nurses and podiatrists. Guidance from professionals was recorded in people's care files.
- The care plan summary at the front of people's care files contained basic information about their oral healthcare needs, however people did not have specific oral health care plans. Nobody we spoke with was currently registered with a dentist, which the registered manager confirmed.
- Following the inspection, the provider reported six dentists had previously been contacted but were not taking on new patients. One had agreed to treat people in an emergency, but this had not been required.

We recommend the provider continues to explore dental care options for people living at the home, including the completion of oral health care plans.

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

- Pre-admission assessments had been completed for people and these documented their likes and dislikes and contained useful information to help the service deliver person centred care.
- People told us they were happy with the care they received and were supported to make choices. One person stated, "Yes, I get to choose things like what nighty I want to wear and things like what I want to eat and drink."



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

- We saw some consideration had been taken to ensure the environment met the needs of people who lived there, including use of pictorial signage and personalisation of people's bedroom doors.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection, systems and processes to monitor the safety and quality of service provision and ensure actions were addressed timely, were not robust. The provider had also failed to actively seek the views of people using the service, through regular meetings or questionnaires. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Resident meetings had been held quarterly in line with people's wishes, who had confirmed this timescale was suitable. Prior to the home implementing a restriction on visitors, relatives had been invited albeit had not attended. Minutes and action points from each meeting had been completed.
- People and relative's views had also been sought via annual questionnaires. The home had implemented a 'you said... we did...' board onto which people's feedback and the actions taken would be displayed, however these were not on display when we inspected.
- There was a number of audits and monitoring processes being completed, albeit those done by the registered manager required strengthening. For example, the home completed 'resident of the day' which involves a full audit of the person's programme. They are designed to be completed daily on a rolling basis until each person has been reviewed, however, the registered manager only completed one per month.
- The majority of audits and monitoring had been completed by the group operations manager and compliance and training manager, who generated actions which were added to the homes' continuous improvement plan. We noted issues identified during the inspection had been picked up as part of their audit process; such as weight monitoring, although issues had not always been addressed in a timely manner.

We recommend the provider reviews the home's auditing process and schedule to ensure it is clear what should be assessed by the management team on a daily, weekly and monthly basis.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; working in partnership with others

- We found the home to be an inclusive environment. People's views and opinions were sought and acted upon and they were also involved in making decisions about their care.
- People spoke positively about the care and support provided. Comments included, "The staff are all pretty good" and "[Staff] are good, I am quite relaxed here, they cater for me very well".
- There was an open door policy in place, with people, relative and staff's views welcomed. Staff told us the registered manager was a visible presence in the home, who was happy to help out where required.
- Staff provided mixed feedback about the completion of team meetings and passing on of information. Some stated meetings happened monthly, others said these did not occur. We saw minutes from team meetings which indicated they had been held quarterly, however a register of attendance had not been kept. The registered manager agreed to complete this in future.
- We noted examples of the home working in partnership with other professionals or organisations. For example, the home maintained links with a local school, who visited the home to engage in activities and events. However, visits had been put on hold due to current visiting restrictions, as a result of the COVID-19 pandemic.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 understood their regulatory requirements and had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.
- Staff told us they enjoyed working at the home, which was reflected in the number of years many had been there for. However, some felt support and communication from management could be improved, albeit had not raised this with the provider directly.
- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People we spoke with had no concerns about the openness of the home or its staff.