Broadoak Group of Care Homes

Primrose Lodge

Inspection report

Lingdale
East Goscote
LE7 3XW
Tel: 0116 2697871

Date of inspection visit: 8 and 9 October 2015
Date of publication: 03/12/2015

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?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced comprehensive inspection that took place on 8 and 9 October 2015. The first day of the inspection was unannounced.

Primrose Lodge is a care home registered to accommodate up to fifteen people who are aged over 65 and who have diagnosis of dementia and / or a physical disability. The home had fifteen single bedrooms, and was a single storey building. At the time of the inspection fifteen people were living at the service.

The service had a registered manager. 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 people we spoke with, who were able to give their views said they felt safe living at the home and liked most of the staff.

The feedback from relatives we spoke with was that they felt people were cared for, happy and safe.

The atmosphere in the home was calm and friendly, and the staff we spoke with had a caring attitude towards the people they supported.

Summary of findings

Staff knew how to identify and report abuse and the provider had a system in place to protect people from the risk of harm.

People received their medicines safely but where PRN (as required medicine) was prescribed, protocols were not in place to explain how this should be administered and there was a risk that they would not receive the right amount of the right medicine at the right time.

Levels of infection protection were low. Significant areas of the service were dirty or unhygienic. These were attended to during the course of the inspection.

Some people may have been unlawfully deprived of their liberty at the home, and people were not being supported to make decisions appropriately where their ability to do so unaided may have been in doubt The registered manager knew the correct process to follow in care plans about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) but had not followed the process or implemented assessments fully as required by the legislation..

Staff were knowledgeable about the people they were supporting used this information to provide personalised support. People's care plans included information about what was important to them and details of their life history.. Staff did not encourage people to pursue their hobbies and interests.

People were aware of the complaints procedure and felt able to raise any concerns.

There were audits in place to monitor the quality of the service. These audits had failed to identify shortfalls in the cleaning and maintenance.

We have made a recommendation for the service to consider the guidance from the Health and Safety Executive in relation to radiators within the service.

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?
The service was not safe.

The environment was not maintained properly and we saw areas of the property were not clean.

People received their medicines safely but where PRN (as required) medicines were prescribed there were no protocols describing when they should be used.

Requires improvement

Is the service effective?
The service was not consistently effective.

The registered manager had not acted in accordance with the Mental Capacity Act 2005.

People were offered choices with their meals and were supported to eat appropriately.

People's health needs were not fully recorded in their care plans.

Requires improvement

Is the service caring?
The service was caring.

Staff were kind and treated people with respect and dignity. Staff knew people well and promoted people's independence.

Good

Is the service responsive?
The service was not responsive

People's care plans were developed around their needs and were kept up to date and reflected people's preferences and choices.

`Staff were not seen to encourage people to take part in meaningful activities.'

People were aware of the complaints procedure and felt able to raise any concerns.

Requires improvement

Is the service well-led?
The service was not consistently well-led.

Staff felt supported by the management team and felt comfortable to raise concerns if needed. They felt confident they would be listened to.

The provider had audits in place to monitor the quality of the service provided but these had not identified shortfalls in the service.

Requires improvement

Primrose Lodge

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 inspection took place on 8 and 9 October 2015 and the first day was unannounced. The inspection was carried out by two inspectors 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. The expert for this inspection was a person who had family members who used adult social care services.

We reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for the people who used the service.

We met fourteen people who used the service and the expert by experience spoke with five people on a one to one basis. We observed staff communicating with people who used the service and supporting them throughout the day. 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 completed a SOFI observation for four people who used the service. We spoke with two relatives of people who used the service. We spoke with the registered manager, the deputy manager, one senior care worker, two members of care staff and the cook.

We looked at the care records of five people who used the service and other documentation about how the home was managed. This included policies and procedures and records associated with quality assurance processes. We looked at four staff recruitment files to assess the recruitment process.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us, "I am very safe here". Relatives told us that [person's name] "is happy and well cared for", and another relative told us, "He is safe".

Staff we spoke with had a good understanding of how to identify, respond to and report signs of abuse. Most had received training in this aspect of care. They knew there was a whistleblowing policy in place and understood how to escalate their concerns if required. This knowledge was underpinned by procedures.

The provider had assessed risk to people related to day to day care and people had plans of care aimed at minimising risks. These assessments and plans were reviewed monthly, or when someone's needs changed so that information for staff was current.

The registered manager carried out a monthly audit of accidents and incidents to gain a better understanding of why these had occurred. They then took action to minimise the risk of similar situations happening again.

A relative told us that "there seems to be enough staff, their needs are cared for". Staff told us that the staffing levels were adequate but that they did not have time to complete all the tasks that their role included, for example cleaning, laundry, washing up and activities. We observed that staff supported people with their mobility and people did not have to wait long for support. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness. A staff member told us, "I can't remember a time when we were short staffed, we don't use agency staff". On the day of the inspection the staffing levels appeared to meet peoples' needs.

One person told us that the home was "clean as far as I am aware". A relative told us "the home is very clean". Two staff members we spoke with told us that they thought the home was clean, another told us "we cover the basics with the cleaning, tidying round, but you can't do a deep clean ". Staff were expected to carry out cleaning as part of their role. A cleaning rota was in place that covered the general areas that needed to be cleaned but did not identify specific tasks to be completed. We found that there were a large number of areas throughout the home that required cleaning to ensure that people would be comfortable and that levels of hygiene were adequate. For example we saw general debris on the floor, dusty windowsills, extractor fans that had accumulated dirt and cobwebs in many areas around the home. We also found two out of date jars of jam in the kitchen, and food that was not being stored in air tight containers. The microwave was corroded inside and the fridge had a broken ice box. We discussed this with the registered manager who agreed to start using domestic staff. On the second day of the inspection we saw two cleaners were working throughout the home, The registered manager confirmed that domestic staff would be in place two times a week. The microwave and fridge were replaced on the day of the inspection.

We also saw areas around the home where maintenance was required to ensure that people could be safe. This included four external doors that were ill fitting, two of which had gaps at the bottom which could allow access to pests, and one fire door that had a window that was cracked and was therefore not fit for purpose. We were told that this had been cracked for approximately 18 months. The maintenance person attended on the day of the inspection and completed the majority of the outstanding works. It was agreed the other works would be completed as soon as possible.

Radiator covers were not in place, and we found some radiators were painfully hot to touch; these were turned down when we discussed this with the deputy manager. Some people were at risk of falls, had limited mobility and were living with dementia. Therefore there was a risk that if people fell against the radiators they would be unable to move away or recognise the danger of the heat. The registered manager advised that radiator covers would be put in place within two weeks. **We recommend that the service consider current guidance from the Health and Safety Executive in relation to radiators in care homes.**

The laundry room was not locked, there were cleaning items stored inside a cupboard that was not locked when it should have been. We pointed this out to the deputy manager who advised that they would remind all staff to keep the room locked to ensure people could not access products that were potentially harmful such as bleach and laundry detergent.

We found checks had been carried out on equipment that was used and that portable appliance testing had taken place on most items. A television purchased this year had

Requires improvement

Is the service safe?

not yet been tested and the deputy manager said she would follow this up. Fire safety checks and procedures were in place; these included checks on the equipment, and the premises as well as water checks.

We saw that there was a fire evacuation procedure in place for staff to follow in the event of an emergency. In the files we looked at each person had a fire assessment in place to tell staff how to evacuate based on individual needs.

The provider had a recruitment and selection procedure in place to ensure that appropriate checks were carried out on staff before they started work. We looked at the staff records for four people who currently worked at the service; the files contained relevant information including a picture of each staff member, a record of a Disclosure and Barring (DBS) check, and records that these had been resubmitted recently, and references.

People generally received their regular medicines safely as prescribed. We saw that there was a medication policy in place for staff to follow to ensure that people's medicines were managed safely. There were arrangements in place to obtain, administer, dispose and record people's medicines and the service had received a very positive result from a recent independent pharmacy audit. Staff were trained in medicine administration and were shadowed by an experienced member of staff when they started to administer medicine. Competencies to check that staff were safely administering medicine were not however carried out. The deputy manager agreed that these would be implemented immediately.

We saw that some people were prescribed PRN (as required) or variable dose medicines. Where these were prescribed there were no protocols advising staff what this meant and staff were not recording the actual quantity of medication given. This meant that there was a risk that people might receive too little or too much medicine or that they might not receive it at the right time for them. The deputy manager assured us that protocols and guidance would be implemented.

Requires improvement

Is the service effective?

Our findings

People we spoke to told us that staff were good but that there were inconsistencies with the staff. Comments included "the girls [staff] are lovely" and "some are better than others". A relative told us "the staff are very good and look after him well".

Staff felt well supported by supervisions, appraisals and training.. One said, "There is training and refreshers all the time". Another said that the training "makes me more confident on shift". Training included specific relevant topics such as dementia. "I've come quite a long way with my qualifications and the support they have given me".

We saw that half of the staff team had received training about the Mental Capacity Act (MCA) 2005; however not all staff could not explain what this meant in practice and one thought that it related to staff as well as people using the service. The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to care and support. It ensures people are not unlawfully restricted of their freedom or liberty. There were four applications that were being assessed by the Local Authority for people who may have had their freedom or liberty restricted.

We saw that care plans contained information about people's mental capacity but these were general statements. For example one person's care plan said that they are living with dementia, with minor impact and occasional short term memory problems. The plan detailed some decisions the person could make but they had limited ability to make informed decisions and retain the information. It said that this would warrant further consultation with all parties. This had not taken place. There were no capacity assessments or best interest decisions. The Act requires that people's mental capacity should be assessed and recorded on a decision specific basis. We discussed this with the registered manager who agreed that where necessary, assessments would be undertaken to evidence that the correct process had been followed.

We saw that families were involved in decisions around medical treatment. Staff were not aware of lasting power of attorney held by some relatives and thee was a risk therefore that they might not have been as involved as they should have been.

The registered manager had followed the requirements of DoLS and submitted some applications for authorisation to the local authority for people at the service that were under constant supervision and unable to leave independently. These were being completed on a phased basis but people had not been prioritised based on the level of restrictions that were in place. The registered manager agreed to complete DoLS for all people who may have been under restrictions as they are required to do.

People had mixed views about food and mealtimes. Comments included "I like everything, even the food", "the food has improved "it's okay" and "I don't like the food". Staff could describe how they ensured people had enough to eat and drink including snacks. We saw that throughout the day people were offered drinks. There was a fruit bowl in the main lounge which contained fruit. We did not see anyone eat from this or be offered fruit during the day. We asked that two pieces of fruit were removed as they had gone mouldy.

We observed lunchtime and saw that people were waiting for around 40 minutes from the time they went to the table, until their food was served. A member of staff was present at all times; they stood and observed the dining room, which gave a feeling that people were being supervised. Meals were prepared and brought to people at the tables. Condiments were not available on the table for people to flavour their meal One person told us "They come round and give us a choice". . One person did not eat their meal. This person had told us that they did not like the lunchtime food. Staff were aware of this, but an alternative was not offered before the food was served even though alternatives were available.

People who needed support to eat their meal at lunchtime received it. For example staff helped people cut their food into smaller pieces if that was what the person wanted or needed.

People who used the service were supported with their nutritional needs. Three people had been diagnosed with diabetes. They were not offered low sugar alternatives during the mealtime we saw. The cook told us that low sugar options were available. This means that some people were not being actively supported to follow the most appropriate diet for them.

We saw that people were visiting health professionals and all appointments were recorded. On the day of the

Requires improvement

Is the service effective?

inspection two GP's visited to see different people. One GP told us that they had no problems with the service, and felt that they were well organised and had a good relationship with the surgery. Staff were alert to changes in the people who used the service and sought medical advice.

Where people had identified health needs, for example diabetes, we saw that this had been recorded in some parts of the care plan but not in all relevant places. We did not see specific care plans relating to the needs and potential health implications of this diagnosis. This meant that staff may not be aware of potential risks to people's health, and of additional health checks that should be carried out.

Good

Is the service caring?

Our findings

People we spoke to were complimentary about the staff. People's comments included "the girls [staff] are lovely", "caring, yes they are although some could use some more intuition but that will come in time", and "I am very happy with everything". Relatives praised the staff and told us "they are very caring, care is lovely", and "they are very friendly, nice to us as well". We saw that staff spoke to people in a caring and friendly manner and treated them with kindness.

We observed the time when people were going to the dining area for lunch and having medication. Staff approached people, bent down and talked with them at eye level; they used people's first names and explained to people what they were having for lunch. When someone was woken for lunch we observed that the staff carried this out gently and slowly to allow the person to wake up in their own time.

We found that staff were responsive to the needs of people who used the service, but that they struggled to spend meaningful time with people as they were expected to carry out domestic tasks around the home as part of their role. Staff told us that they wanted "to have more time to sit and talk to people".

One person told us, "I am happy here and my preferences are met". We found that the care planning process contained information about people as individuals, including previous jobs, religion and preferences. Staff could tell us this information about people and this showed that staff knew people well.

People were seen to be given opportunities to make decisions and choices during the day, for example, what to have for their meal, or where to sit in the lounge.

Staff told us how they protected people's privacy and dignity, examples of this included knocking on doors, examples of how people like to be supported during personal care, using people's preferred names and getting people to do as much for themselves as possible through encouragement and prompting. We saw that staff provided reassurance and explanations to people when they supported them. We saw that staff showed respect for the people they supported.

One person told us that "I would like a shower, I only have a toilet". All bedrooms had an en-suite toilet and most of the rooms had an en-suite shower. Where people did not have a shower there was a bathroom for shared use that had a bath in it. This had been broken for an unknown period of time before the day of inspection. Staff told us that where people didn't have showers in their rooms they would have a body wash, or use the bath. While this had been broken people had been using the shower in another person's room. Both parties agreed to this and staff told us how they maintained privacy for the person using the shower.

Throughout our visit we observed that staff, people who used the service and relatives engaged in conversation, jokes and commented positively when someone had visited the hairdresser. From our discussions with people and observations we found that there was a calm and relaxed atmosphere.

Requires improvement

Is the service responsive?

Our findings

People told us that they received the care and support they needed, One person told us, "I chose to be here and I can't fault it". A relative told us that they "felt blessed there was a space when we called" and that they were "really happy with it".

We saw that care plans included information about people's needs, likes, preferences, religion and personal history. These were reviewed monthly and every six months more detailed reviews were carried out to make sure that the plans were updated. Staff were able to talk to us about people's personal histories and tell us what people liked which enabled them to provide personalised care.

The registered manager told us that people were involved in planning their care and were involved in reviewing the care plans, with family if the person wanted to involve them. There was a section in the care plan for the person to sign to say they agreed with the plan. This had not been signed in any of the files we looked at. The registered manager said she would ask people to sign their plans when these were next reviewed.

A person who used the service told us that they did "not have much on, but I have enough to keep me busy", and indicated that they had crossword and word search books. Another told us, "I don't really want to do anything". One person said that staff will paint their nails if they have time. The provider did not have an activities co-ordinator and staff were asked to provide activities alongside other duties. Staff found this difficult to fit in and we did not see the staff encourage people to take part in any activities throughout the day of Inspection. People could have been encouraged to take part in setting the table or take part in activities that they enjoy and meant something to them. A care worker told us, "I wish there was more time to sit with them, they would talk to you all day if they could". There were no activities planned on the day of the inspection.

We saw that there were people who visited including the hairdresser, who came weekly, and people could have their hair done if they wanted to and that there were also visitors from the local church. Staff told us that people enjoyed the church service when it comes in. We saw one person had a copy of the prayer that was used as part of the service.

The registered manager told us that local schools, Guides and Brownies visited and talked with people who used the service, games and sing along sessions were held, people visited the local café, and went shopping and events were arranged throughout the year. We saw photographs from trips out were displayed on a television in the entrance to the home. This was not kept on at all times so people could not see these photographs regularly. For Christmas this year there were plans for local children to visit and make cards with people, and for a mince pie and sherry morning. At Easter a bonnet parade was held, and fetes were held in summer and autumn to raise funds for outings that people wanted to go on. People told us that they had recently enjoyed a trip to the seaside.

People told us that they did not have any complaints, but when issues had been raised in the past they were rectified. One person told us they were "happy to go to anyone". A relative told us "I have no issues; if I did I would go to [person's name]". On the first day of the inspection we did not see a complaints policy displayed. We discussed this with the registered manager and she put one up on the second day of the inspection. The registered manager told us that each person had information about the service in their room and had a copy of the complaints procedure.

The registered manager told us that they had not received any complaints but there was a process to follow if one was received.

Requires improvement

Is the service well-led?

Our findings

People were happy with Primrose Lodge. Their comments included "I am very satisfied", and "I am happy here". Staff told us that vision of the service was that "people should be able to feel like it's their home", and that people should receive "good quality care, to be looked after properly and for families to know they are safe". The registered manager told us that this was the aim of the service.

The registered manager has been in post for a number of years. She managed another service that was located next door. The registered manager spent time in both services each week and was involved in how the home was run each day. The staff told us that the manager was "visible on the floor" and that they were approachable

We saw that the provider held meetings with the people who used the service and there had been three in the last twelve months. At these meetings people were asked about what they wanted to do, meals and the care that people received. The minutes showed that people had requested certain specific trips out that included a trip to Skegness which took place, and going out for a Christmas meal, that had been booked. People had also requested changes to the menu which had been made.

A relative told us that "they don't do them (newsletter and questionnaires); there is no need for a newsletter as I come here every day and they tell me everything I need to know". We saw that quality assurance questionnaires were sent out to all relatives. These had been sent in June this year. The registered manager told us that they reviewed the results and if people were not happy with the service they would be invited to a meeting to discuss further and the aim would be to resolve any concerns.

Staff told us that they would feel confident to raise issues with the managers, but that they had not had to do this. They felt confident that action would be taken. They told us that they felt supported, valued and listened to. They said "it's brilliant in terms of support". Staff were proud of "really good care" and "looking after the residents and making sure they're alright". We saw that staff meetings had taken place – there had been two held this year. The minutes were available so that staff could see what had been discussed.

The service had been awarded the Dignity in Care Award Certificate in April 2015, which is an award from Leicestershire County Council in relation to how the service supports people. The service had also been awarded a silver award for the Quality Assessment Framework for Older People in February 2015. This showed that the service was measuring the delivery of care against current standards in place from the council.

The registered manager carried out checks for monitoring and assessing the quality of service. They carried out audits of medication, cleaning, accidents, falls, safeguarding and finances. These checks had not identified shortfalls in the standards of cleanliness and hygiene. The registered manager said that they would implement more detailed checks around cleaning.

The registered manager told us that the provider visited weekly and also carried out monitoring of the service. This included speaking with people who used the service and relatives, checking the environment, the general condition of furniture and monitoring any staff concerns. The last recorded visit for the service was in July 2015. The registered manager told us that the provider had carried out the checks more recently, but these were not documented.

The registered manager understood their responsibilities under the terms of their registration with CQC. They had reported events they were required to report, although there were two incidents that should have been reported to CQC and were not when people had sustained injuries. This was discussed with the registered manager who agreed she would report incidents where people were injured in the future.