

Select Primecare Limited

Primecare Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Primecare Nursing Home on the 16 and 17 February. The inspection was unannounced.

The service is purpose built and set over two floors. It provides personal and nursing care for up to 42 older people at the time of our inspection 38 people were using the service. Some people may be living with dementia. The service also provides end of life palliative care.

There is 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.

People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met due to staff having up to date information. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Summary of findings

The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, district nurse and physiotherapist.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

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 safe.

People felt safe at the service. Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff attended various training courses to support them to deliver care and fulfil their role. Staff received an induction when they first came to work at the service.

People's food choices were responded to, and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

People, staff and relatives were complimentary of the management and the support they provided.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



Primecare Nursing Home

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.

We inspected Primecare Nursing Home on the 16 and 17 February. The inspection was unannounced. The inspection was carried out by two inspectors from adult social care.

Before the inspection, 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. We also reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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 spoke with six people, eight relatives and six members of care staff, the chef, registered manager and director. We reviewed four people's care files, eight staff recruitment and support files, and quality assurance information.

Is the service safe?

Our findings

People told us they felt safe living at the service, one person said, “I do feel safe here and secure, I know the staff would help me if I needed help and I call them if I need them.” Another person said, “I’m satisfied here and I feel safe and secure.” Relatives told us they felt reassured by the care and support their relative received.

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, “If I have any safeguarding concerns about any of our service users I will tell the manager straight away.” Another member of staff said, “If I am worried about anyone here I tell the person in charge or the manager.” Staff also knew they could contact outside authorities such as the CQC and social services.

The manager reported safeguarding concerns appropriately to the local authority and the CQC. The manager also demonstrated how concerns had been investigated and that learning from these concerns had been shared with staff to ensure people were supported safely.

Staff had the information they needed to support people. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, and how to support people’s mental health for example when they become anxious or agitated. Staff were trained in first aid, should there be a medical emergency and they knew to call a doctor or paramedic if required.

The manager arranged for the maintenance of equipment used including the hoists, lift and fire equipment and held certificates to demonstrate these had been completed. The manager used outside contractors to complete maintenance as required and was in the process of employing an on-site maintenance person.

There were sufficient staff on duty to meet people’s needs. Staff were deployed over the two floors with each floor being led by a qualified nurse and senior carer. The manager reviewed staffing levels dependent on the level of support people required. People said, “Staff are always around, they look after us and there is usually someone to chat with.” Relatives also told us they felt there was

sufficient staff to meet people’s needs. One relative told us, “There always seem to be two or three staff around and I definitely feel that my relative is safe here.” We observed people’s care needs were met in a timely manner and call bells were responded to quickly. One person said, “if I press my call bell they always come to see what I need.”

People were supported by staff who had the correct skills and were suitable to work at the service. The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Staff thought the recruitment process was thorough we received comments such as, “I think the recruitment here is done properly, I had to come for an interview and I was shown around and met people, I had to give two referees and prove who I was and do a criminal record check before I could start.”

Medication was stored safely. Qualified nurses who had received training in medication administration and management dispensed the medication to people. People told us they receive their medication when they needed it. One person said, “They always give me my medication on time.” We observed part of a medication round, to check the staff followed safe practices. The nurse checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The nurse checked with the person if they required any additional medication such as painkillers and where necessary supported the person to take their medication. When people needed as required medication this was clearly care planned and recorded on the medication charts.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

The manager told us he did regular audits of medication and administration cards to check for errors. The manager used the audits to identify any issues and address these

Is the service safe?

with staff to ensure errors were learnt from and future errors minimised. Staff also had their practice observed on a regular basis to ensure they were administering medication safely.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff had been supported to achieve nationally recognised qualifications in care such as National Vocational Qualifications in social care. Staff made comments such as, “I get on-going training which helps me to meet the needs of the people here.” And, “We had induction training when we started working here and we get update training we need in areas like, safeguarding awareness, manual handling, dementia awareness, health and safety and fire safety.” We saw staff appropriately assist people with moving and handling and we saw staff interacting appropriately with people living with dementia. One person told us how they needed to use a hoist to transfer and that all the staff were trained in using it.

The manager had recently made links with a dietician who had provided staff with information on people’s special dietary needs such as how to fortify diets.

Staff felt supported at the service. New staff had an induction which included working with more experienced members of staff sometimes known as ‘shadowing’. Staff told us they received regular supervision from senior staff and attended staff meetings. We received comments such as, “I enjoy my job here and I feel supported in my work, if I speak to the manager or the person in charge about any issues I feel that they take notice of my opinion.”

The service took the required action to protect people’s rights and ensure people received the care and support they needed. Staff had received training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. We saw assessments of people’s capacity in care records. Mental capacity assessments had been carried out where needed and appropriate actions had been taken. For example, the service had sought to protect people’s rights and freedoms because decisions had been made in people’s best interests where required. Staff knew to check that people were consenting to their care needs during all interactions.

We asked people and their relatives what they thought of the food and we received many positive comments.

Relatives told us that they were always offered a meal when visiting. Comments included, “The chef is great and takes account of my relatives meal preferences.” And, “I eat here myself and I think the food is very good.” People told us, “The food is very good and I get enough to eat.”

People were supported to have sufficient to eat and drink and maintain a balance diet. Staff monitored people’s weight and where appropriate made referrals to other professionals such as a dietician. The service employed two chefs who provided freshly cooked food. The chefs were provided with the information they needed from staff to provide specialist diets as required for people. For example diabetic, fortified and low sodium diets. In addition to this the chef catered to people’s food preferences. The manager told us one person had requested to have chicken every lunch time and this was provided.

The menu for each day was displayed in picture format for people to see. If they did not like the choices an alternative would be provided. We observed a mealtime and saw this was a very relaxed occasion. Where people needed support with eating staff sat with them and engaged in conversation with them, whilst providing support at their pace.

People had access to other healthcare such as chiropodist, optician and dentist as required. Relatives told us that staff accompanied people to hospital appointment if required. Another relative said, “The staff are very good at looking after my relatives healthcare.”

People were supported to access healthcare as required. The service had good links with other health professionals, such as district nurses, GPs, McMillan nurses, mental health nurses and dieticians. The GP visited the service at least twice a week to review people’s care and more frequently if required. Relatives told us that the staff are very good at calling the GP if needed and that they come straight away. One person told us how they had a chest infection and the GP came and sent them to hospital for treatment. Relatives said that staff were very good at keeping them informed if they have any health concerns.

We spoke with a visiting health professional who told us that staff were very good at completing health screening and always made appropriate referrals to them.

Is the service caring?

Our findings

The staff provided a very caring environment; we received many positive comments from people and their relatives. One person told us, "All the staff are very good, they are dedicated and look after me." Another person said, "I like it here, the staff look after me and come to my room to check that I'm alright." A relative told us, "The staff here are very kind to my relative, they do everything for them."

Staff had positive relationships with people they showed kindness and compassion when speaking with people. Staff took their time to talk with people and showed them that they were important. One person said, "The staff here are very caring and always available, they are helpful to me and I see that they are kind to the other residents."

Staff knew people well including their preferences for care and their personal histories. Staff supported people with expressing their religious beliefs at the service. People were supported to have their individual routines by staff, for example staff knew what time people liked to socialise with others, and when they liked support with their personal care. For example staff knew that one person liked to spend their afternoons in the lounge with others and we saw they supported them to do this.

People's needs were attended to in a timely manner by staff. We saw one person who was upset and calling for staff in their room, staff went in and sat with them. They proceeded to sing songs together and the person

immediately became less distressed. We later saw this person relaxed in the company of others later in the day. Staff throughout the day were attentive of people's needs, frequently spending time talking with people and seeing if they required any assistance.

People and their relatives were actively involved in making decisions about their care. One person said, "The staff do talk to me about my care." Staff reviewed people's care plans and discussed these with people and their relatives. One person told us that they had spent time at the service for respite, they agreed with their relatives it was the best place for them and decided to move permanently to the service. They were very complimentary of the care they received and of the staff.

People's confidential information was stored securely inside offices, so that only appropriate people had access to the information. Staff treated people with dignity and respect. People told us that staff always respected their privacy we received comments such as, "The staff check with me if I'm ok, they knock when they want to come into my room and they close the door when they are helping me." Another person said, "The staff shut my room door and respect my privacy." We saw staff doing this during our observations.

The service was spacious with plenty of room for people to receive visitors in their rooms or in one of the lounges. Relatives told us they visited at all different times of the day without any restrictions of visiting times.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives told us that they were involved in planning and reviewing their care needs. We saw from care records that people were supported as individuals, including looking after their social interests and well-being.

A relative told us, "The staff are good at keeping me informed about my relative's health and wellbeing." Another relative said, "I know about my relative's care plan." Relatives told us that the staff kept them well informed and would ring them if there were any issues. People told us that staff spoke with them about their care needs.

Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. The care plans were individual to people's needs and described how to best support them. The care plan was regularly reviewed at least monthly. This told us that the care provided by staff was up to date and relevant to people's needs.

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. The manager employed two people whose sole responsibility was to support people with social activities. These included trips to local places of interests as well as group and individual activities at the service.

People were supported to follow their own interests such as knitting, completing quizzes, reading and doing jig saw puzzles. The service also did group activities such as sing a longs and reminiscing over old photographs. Staff came up with ingenious ideas to engage people, for example we saw

one member of staff approach a person holding a wedding dress. The staff member told them they were sewing beads on to the dress and asked if they would like to help. This gave the person the opportunity to feel the dress with the different textures on. Although the person declined to help sew on beads the member of staff stayed sitting with them and engaged in a long conversation about their wedding and the sort of dress they wore. We could see this was a very meaningful activity for the person.

The service encouraged communication with people and their relatives in a number of ways. In people's rooms were a communication book for relatives and staff to write in. A relative told us that the staff might write in their if they are running low on supplies such as personal care items, so they knew to purchase more.

People and relatives we spoke with knew how to make complaints we received such comments as, "I would not have a problem in making a complaint, but I have no complaints." And, "If I had any issues (of concern) I'd go to the manager."

The service clearly displayed their complaints policy and procedure should anyone wish to make a complaint. The manager encouraged formal and informal complaints at the service. For example all verbal complaints were recorded in a complaints book on each floor and what actions were taken to resolve the complaint. We saw that formal complaints were thoroughly investigated by the manager or where appropriate the provider and formal responses given. The manager told us they tried to resolve all complaints immediately. For example a relative had complained there had been a delay in personal care one morning for their relative. The manager responded by deploying an extra member of staff in the mornings to ensure people's personal care requirements could be met in a timely manner.

Is the service well-led?

Our findings

The manager promoted an open culture at the service, he had an open door policy for people, relatives and staff. He had also advertised managers meetings to encourage open communication. He was very visible within the service spending time everyday mixing and talking with people, relatives and staff. One person told us, “The manager is a very nice person and asks me if everything here is ok for me.”

Staff felt the manager was very supportive to their roles and said, “The manager is fair to all staff and I can go to the manager or deputy manager for support.” Staff felt listened to and said, “I think that the manager and senior staff take notice and action on what I say about residents needs and there is always someone available to go to for support”.

Staff had regular supervision and meetings to discuss people’s care and the running of the service staff said, “We get supervision quite regularly and the manager is very good and supports us well.”

Staff told us they had team meetings to discuss any issues at the service and to learn from any events and share information. Staff also knew about whistleblowing, one told us; “I know about whistleblowing and if I had any concerns not properly dealt with here I know I can contact senior managers in the company or CQC to tell them if I need to.” Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened.

The manager had daily meetings with his deputies, to discuss the running of the service, including people’s care needs and any staffing issues. The manager also received support from his area manager on the running of the service.

The manager gathered people’s views on the service through regular meetings with relatives and people. During the meetings he gains feedback on people’s care and treatment and any issues they may have. We saw from minutes that one person requested floral curtains for their room and these were purchased.

The manager is very thorough in sending notifications as required to the CQC and in making referrals to the local safeguarding authority. We saw that investigations had been carried out thoroughly and action plans put into place. The manager followed the disciplinary procedure and dealt with staff poor performance appropriately with the support of the provider.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people’s care plans and medication management. They used this information as appropriate to improve the care people received. The provider also carried out intermittent audits to ensure the quality of the service was being maintained.