

Primrose Healthcare Limited

Primrose Croft Care Centre

Inspection report

Primrose Croft
Primrose Street
Cambridge
Cambridgeshire
CB4 3EH
Tel: 01223 354773

Date of inspection visit: 21 May 2015
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Ratings

Overall rating for this service

Good



Is the service effective?

Good



Overall summary

Primrose Croft Care Centre is registered to provide non-nursing care for up to 38 older people, some of who live with dementia. The home, which is located near to the city centre of Cambridge, is divided into two floors. Access to the first floor is by stairs or a passenger lift. When we visited there were 35 people living at the home.

The inspection was unannounced and was carried out by one inspector.

A registered manager was in post at the time of the inspection. The home's registered manager has worked in this role for 11 years. 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 carried out an unannounced comprehensive inspection of this service on 10 March 2015. A breach of a

legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirement in relation to safeguarding people from unlawful restrictions.

We undertook this focused inspection on 21 May 2015 to check that the provider had followed their plan and to confirm that they now met the legal requirement.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primrose Croft Care Centre on our website at www.cqc.org.uk

At our focused inspection on the 21 May 2015, we found that the provider had followed their plan which they had told us would be completed by the 30 March 2015 and the legal requirement had been met.

People were supported in making day-to-day decisions about their care which included taking their medicines, choosing what they would like to eat, when to get up and

Summary of findings

go to bed and if they wanted to go out. People were not subjected to unlawful restrictions; assessments had been carried out which were based on the five key principles of the Mental Capacity 2005. People who were assessed not to have mental capacity were supported in the best

interest decision making process. Deprivation of Liberty Safeguard (DoLS) applications had been made and the provider was waiting for the outcome of the local authority supervisory body's decision.

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 effective?

The service was effective.

Action had been taken to improve how people were supported with making decisions and they were not subjected to unlawful restraint. DoLS applications had been made.

This meant that the provider was now meeting the legal requirement.

Good



Primrose Croft Care Centre

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Primrose Croft Care Centre on 21 May 2015. This inspection was done to check that improvements to meet a legal requirement planned by the provider after our comprehensive inspection of 10 March 2015 had been made. The inspector inspected the service against one of five questions we ask about services: is the service effective. This is because the service was not meeting a legal requirement in relation to safeguarding people.

The inspection was undertaken by one inspector. Before the inspection we looked at all of the information that we held about the home. This included the provider's action report, which we received on 14 April 2015.

During the inspection we spoke with one relative and six people who used the service. We also spoke with four care staff and the registered manager. We looked at four people's care records and observed people's care to assist us in our understanding of the quality of care people received.

Is the service effective?

Our findings

At our comprehensive inspection of Primrose Croft Care Centre on 10 March 2015 we found that assessments were not in place to determine people's mental capacity to make decisions about their care. Decisions about their care were made on their behalf without such an assessment in place. This was a breach of Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010, Safeguarding people who use services from abuse (which corresponds to Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment).

At our focused inspection on 21 May 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulations 11 and 13 as above.

People told us that the staff asked them what they liked to eat, what time they liked to get up and when they wanted to go to bed. One person said, "It was late when I got up. I can stay in bed if I want to." People also told us that there were able to go out of the home if they wanted to. One person said, "I go out occasionally and visit my friends in the Fens." We were also told that there were no restrictions of when people could receive their guests. A relative said, "I visit my wife every day."

We saw that people were free to walk about with the use of their walking frames. One person said, "I have to have my (walking) frame to go (walk) with." They told us that their walking frame was always left within their reach. We also saw people walking freely about the home.

Assessments of people's mental capacity followed the five key principles of the Mental Capacity 2005. Deprivation of Liberty Safeguard (DoLS) applications had been made to the local authority and assessments of people's mental capacity were submitted at the same time to justify why the applications had been made. A member of staff said, "We are waiting to hear from the local authority about their decision."

Whilst waiting for the local authority decisions in relation to the DoLS applications, people, who were assessed not to have mental capacity, had their care provided with in their best interest. People were supported in the best interest decision making process which included health care professionals and relatives opinions. The best interest decisions included the use of monitoring equipment to reduce the risk of falls and to reduce the risk of people's self-neglect should they return to live in the community.