Primrose House Care Home Limited

Primrose House 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

Summary of findings

Overall summary

We undertook this unannounced inspection on 27July 2017. Primrose House Nursing Home is a care home registered to provide accommodation and nursing care for a maximum of 25 older people some of whom may have dementia. The home may also admit people with a physical disability. At this inspection there were 25 people living in the home.

At our last comprehensive inspection on 28 April and 1 May 2015 we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not have suitable arrangements in place for meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) regarding restrictions placed on people.

After the comprehensive inspection, the registered provider sent us an action plan telling us how they would meet legal requirements. We undertook a focused inspection on 26 January 2017 and found that they had followed their plan and they had met legal requirements in relation to the MCA and DoLS.

There were suitable arrangements to protect people from harm and abuse and care workers demonstrated an understanding of how to recognise different forms of abuse and how to report these. Risks in relation to treatment and care provided were assessed and risk management plans ensured that identified risks were minimised. The service followed safe recruitment practices and sufficient staff were deployed to ensure people's needs had been met. The arrangements for the administration of medicines were satisfactory and medicines administration record charts (MAR) had been properly completed.

The premises were kept clean and tidy to a high standard. No unpleasant odours were detected anywhere in the building. Infection control measures were in place. There was a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, drills and training. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency.

People's healthcare needs were carefully monitored and attended to. The dietary needs of people had been assessed and most people were satisfied with the meals provided. However, some people were not fully satisfied with the meals provided and we have made a recommendation for improvement in this area.

There was an activities programme which was arranged to meet the needs and choices of people. This included meeting the needs of people with dementia and promoting the independence of people.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. We noted that the home had suitable arrangements in place to comply with the MCA and DoLS.

Care workers worked well as a team and there was effective communication among them. Care workers had received a comprehensive induction and training programme. There were arrangements for support, supervision and appraisals of care workers.

Care workers prepared appropriate and up to date care plans which involved people and their representatives. The home had a varied activities programme to ensure that people could participate in social and therapeutic activities.

The service listened to people who used the service and responded appropriately. There were opportunities for people to express their views and experiences regarding the care and management of the home. Regular residents' and relatives' meetings had been held for people and their suggestions and concerns noted. Complaints made had been carefully recorded and promptly responded to.

Comprehensive audits and regular checks of the service had been carried out by the registered manager and senior managers of the company. Audits were carried out three monthly and included checks on care documentation, medicines, and maintenance of the home. A recent satisfaction survey indicated that people were very satisfied with the care provided. There was an action plan accompanying the survey.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were suitable arrangements for safeguarding and protecting people from harm. Care workers were carefully recruited. Staffing levels were adequate and regularly monitored. There were suitable arrangements for the management of medicines. Infection control measures were in place.

Is the service effective?

Good

The service was effective. People's healthcare needs had been attended to. People who used the service were cared for by care workers who were supported and had received essential training. There were suitable arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

A small number of people were not satisfied with some aspects of the meals provided. We have made a recommendation in respect of this.

Is the service caring?

Good

The service was caring. People were listened to and treated with respect and dignity. Care workers protected people's privacy. People had opportunity to express their views and the home made effort to respond to suggestions made. The premises were made comfortable and pleasant for people.

Is the service responsive?

Good

The service was responsive. Complaints had been promptly responded to. The needs of people had been carefully assessed and appropriate care plans and activities were in place. Care was regularly reviewed.

Is the service well-led?

Good

The service was well-led. Comprehensive audits and regular checks had been carried by the registered manager and senior managers of the company. People and care workers expressed confidence in the management of the service. A recent survey indicated that people were satisfied with the services provided.

Primrose House 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 checked 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 27 July 2017 and it was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications from the home and reports provided by the local authority. Prior to the inspection the provider completed and returned to us 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.

There were 25 people living in the home. We spoke with eight people who used the service, five relatives and a friend of a person who used the service. We received feedback from four social and healthcare professionals. We spoke with the registered manager, the administrator, the chef, activities organiser and six care workers (including two nurses). We also spoke with a director of the organisation and a visiting manager of another care home associated with the organisation who were conducting audits of the service.

We looked at the kitchen, laundry, medicines room, communal areas, garden and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for six people, six staff recruitment records, supervision, training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

Good

Is the service safe?

Our findings

People told us that they felt safe in the home and they were well treated. One person said, "Yes, I feel safe here. Its clean and tidy – no smells." A second person said, "Oh yes, they are good to me. It's nice and clean here. I feel happy and safe." A relative said, "There are enough staff around. If I ask for help, the staff do come. Whenever I visit my relative is clean and the home is also clean." A social care professional stated that medicines arrangements were satisfactory.

During the inspection, we observed that people were cleanly dressed and appeared well cared for. Care workers were attentive, welcoming and interacted well with people.

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were available in the home. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. A small number of safeguarding concerns were notified to us and the local safeguarding team. The service had co-operated with the investigations and followed up on agreed action. The safeguarding policy however, did not contain information regarding the role of the DBS (Disclosure and barring service). The registered manager stated that this would be included.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks of falling, choking and pressure sores. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency.

There were arrangements for the recording, storage, administration and disposal of medicines. We examined seven medicine administration record (MAR) charts. There were no unexplained gaps. People we spoke with told us they had been given their medicines. Audit arrangements were in place and people confirmed that they had been given their medicines. The temperature of the fridge and room where medicines were stored had been checked daily to ensure they were within the required temperature range.

There were suitable arrangements for ensuring fire safety which included an updated fire risk assessment and fire equipment contract. The emergency lighting had been checked by contractors in March 2017. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out regularly. Fire procedures were on display in the home. The fire extinguishers had been checked by contractors. Care workers had received fire training and were aware of action to take in the event of a fire. The Home had three fire marshalls. The hot water temperatures had been checked by care workers prior to people being given baths or showers. Documented evidence was seen by us.

The service had a record of essential maintenance carried out. These included safety inspections of the portable appliances, hoists, passenger lift and gas boiler. The electrical installations inspection certificate

indicated that the home's wiring was satisfactory. All bedrooms visited had window restrictors. The front door of the home was in need of repainting as some paintwork had come off. The registered manager told us that this would be done.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks in place prior to being employed. We examined a sample of six records of care workers. We noted that all the records had the necessary documentation such as a criminal records disclosure, references, evidence of identity and permission to work in the United Kingdom. The records had an inventory in place to inform on documentation obtained. The registered manager informed us that they had a low turnover of staff. This meant that they could provide consistency of care to people.

With one exception, all people and relatives informed us that the staffing levels were adequate. The person who stated there was inadequate staffing stated that there was a need for more care workers at certain times of the day. However, this person stated that on the whole they did not have to wait long when help was needed. We looked at the staff rota and discussed staffing levels with the registered manager. On the day of inspection there were a total of 25 people who used the service. The staffing levels during the day shifts normally consisted of the registered manager, an administrator, a chef, one cleaning staff, a nurse and four care workers. During the night shifts there was one nurse and three care workers on waking duty. In addition to the care workers on day duty there was one chef, one domestic staff and one full time activities organiser. We saw that dependency levels of people were monitored weekly to ensure that there was adequate staffing. The registered manager stated that they would add a 'floater' member of staff from 8am-8pm to ensure prompt and responsive care is offered to people when needed. Care workers we spoke with told us that the staffing levels were sufficient and enabled them to attend to their duties.

The premises were clean and no unpleasant odours were noted on any of the floors of the home. People informed us that their bedrooms were cleaned daily. Hand sanitizers were available for staff and visitors to the home. The home had an infection control policy together with the guidance regarding infectious conditions and diseases. There were suitable arrangements for the laundering of soiled linen. The local environmental health officer had inspected the kitchen in October 2016 and no concerns were noted. The kitchen was visited by us and found to be clean. The hot water temperatures had been checked prior to people being given baths and showers to ensure that they were within the safe temperature range.

We reviewed the accident records. Accidents forms had been fully completed and signed. Where appropriate there was guidance to care workers on how to prevent a re-occurrence.

The service had a current certificate of insurance.

Good

Is the service effective?

Our findings

People using the service told us that care workers were competent and they were satisfied with the care provided. One person said, "The staff are good to me. All carers know what they are doing. However, the food could be more varied." Another person said, "The care is alright. The food is perfectly OK." A relative said, "Staff do consult with me. The care plan has been signed." A healthcare professional stated that instructions to improve a person's nutritional status had always been implemented. In addition, the staff documented all necessary relevant information such as food and fluid charts and weights.

People's healthcare needs were closely monitored by care workers. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or health problems. Visits by healthcare professionals had been logged. We saw evidence of recent appointments with healthcare professionals such as people's chiropodist, physiotherapist and GP. The GP visited the home weekly to review the care of people and their medicines.

Arrangements were in place to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and care workers were knowledgeable regarding the dietary needs of people. Drinks were available in the lounge and bedrooms for people. Kitchen staff told us they spoke with people each day to check that they were satisfied with the meals provided. Most meals we saw on the day of inspection had been prepared externally and were frozen. They needed to be heated before being served. The registered manager informed us that people were consulted regarding their preferences and informed of the arrangements for meals. They had also had the opportunity to sample food ordered. However, some people and a relative stated that they were not fully satisfied with the meals provided. Two people said that fresh fruits and vegetables were not routinely made available unless they specially asked for them. One person stated that they would like to have Sunday roast but this was not available. A relative of a person stated that the vegetarian meal provided was not what they expected. The registered manager informed us that they were still within the first month of learning about the tastes of the person concerned and they had tried two food options with this person. They also stated that some information had not initially been provided by a family member involved.

The registered manager informed us that Sunday roasts were available for people if they wanted to. Documented evidence of this was provided.

We checked the kitchen and found that most of the meals were frozen meals and there were no fresh fruits and vegetables other than potatoes. The registered manager and chef stated that they had ordered them and they were due to arrive the next day. We were informed after the inspection that the fresh fruits and vegetables ordered had arrived the next day.

The registered manager provided us with information to indicate that the company providing the meals were diligent to ensure that the meals met the nutritional standards required by British Dietetic Association (BDA), the National Association of Care Catering and the Hospital Foods Standards Panel.

We were also provided with receipts of fresh fruits and vegetables purchased. From the receipts provided, the amount of fresh fruits or fresh vegetables appeared small for the number of residents.

The registered manager explained that only a small number of people were able to eat fresh fruits and salad and the quantity eaten was small on account of their physical condition. Instead, she explained that some were on soft and pureed diets.

However, as some people were dissatisfied with the meals provided, we have made a recommendation.

We recommend that the provider regularly review the arrangements for the provision of meals with all people who use the service or their representatives to ensure that any changes in the dietary preferences of people are responded to.

Care workers were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety, Mental Capacity Act and safeguarding. Care workers confirmed that they had received the appropriate training for their role.

Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. The registered manager informed us that some staff had had completed the Care Certificate. This was noted in the training records examined.

Care workers said they worked well as a team and received the support they needed. Care workers we spoke with confirmed that this took place and we saw evidence of this in their records. We noted that supervision and appraisals had been organised for care workers.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. We saw that mental capacity assessments had been carried out. Where people lacked capacity, details of their advocates or people to be consulted were documented in the assessments. Care workers were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We noted that authorisations were in place and the CQC had been notified.

Good

Is the service caring?

Our findings

People spoke highly of care workers and informed us that they were caring. One person said, "The staff are caring and they do talk to me." Another person said, "The staff are always respectful. They listen to me." A relative said, "My relative is comfortable. The staff take good care of her. The staff are respectful. They very often knock on the door." A second relative said, "Staff are respectful and caring. I have no complaints." A social care professional stated that staff were respectful and approachable. A second care professional stated care workers were supportive and encouraged their client to interact with other people and this was successful. Two other professionals stated that people were always well looked after and treated with dignity and respect by staff.

People were supported to maintain relationships with family and friends. This was confirmed by people, relatives and a friend of a person who spoke with us. One visitor stated that staff had provided them with hot drinks when they visited.

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. We saw care workers knocked on people's bedroom doors and waited for the person to respond before entering. Doors were closed when personal care was provided. We noted that notices were also placed on the doors when care workers were providing personal care. This ensured that people's privacy was protected.

One relative informed us that their relative did not have their hearing aid on and their relative's hair was not combed. This was discussed with the manager who stated that in future this would be done.

They service had a policy on promoting equality and valuing diversity (E & D) and respecting people's individual beliefs, culture, sexuality and background. There was a multi-faith prayer room in the home. Priests and officials from various religious denominations visited their members in the home. Some signs and notices including those in the toilet were in different languages so that people in the home whose first language was not English could understand them. A relative informed us that some care workers could not communicate well in English. This was discussed with the registered manager who stated that English literacy classes had been arranged for care workers in 2016 and another course was scheduled in September 2017 to help them improve in the communication skills.

Care plans included information that showed people had been consulted about their individual needs including any special preferences, their spiritual and cultural needs. Meetings had been held where people could express their views and be informed of any changes affecting the running of the home. People informed us that the service listened to them and their views.

Effort had been made to provide a pleasant environment for people. The gardens at the front of the home and the back garden had colourful flowers and plants. The back garden had a large shelter with comfortable seating. The bedrooms were well-furnished and had been personalised with people's own ornaments and belongings according to their preference. People's bedroom doors were painted and decorated according

to their choice and preference. Each door had a door knocker, a letterbox and traditional metal room numbers to resemble a traditional front door.

The registered manager informed us of an example of good practice. She stated that the home used a computer tablet to facilitate communication between a person who used the service and her relative who lived in America. They communicated via emails.

The Home had a birthday list. Birthdays of people had been celebrated by having a birthday cake as well as a small party. Photographic evidence was seen by us.

Good

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and care workers were responsive to their needs. They stated that there was a variety of activities in the home. One person said, "There is a good activities organiser. We have exercise and games with balloons and other practical activities. I have been to the garden a lot." A second person said, "The staff have helped me to improve. I have received physiotherapy." A relative said, "Yes, I am happy with the care. It is satisfactory. The staff do a good job. I am aware of whom to complaint to but I have no complaints." A second relative said, "I can see my relative is getting better. My relative eats well. Staff have helped my relative." A social care professional stated that staff took followed up on recommendations made during care reviews. A second social care professional stated that the care needs of their client had been met, their client was happy in the home and their care documentation was up to date.

The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to the premises, mobility, mental health, skin condition and communication needs. Care plans were then prepared by nurses and carer workers. People and their representatives were involved in planning their care and support. Care records contained photos of people. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of people.

We discussed the care of people with pressure ulcers. We noted that risk assessments were in place. There was guidance for staff on how to prevent and manage pressure sores. The arrangements for dressings for pressure sores had been typed and placed in the 'Dressing file' thus making it easier for the nurse to access them.
Furthermore, a photograph of the wound was taken monthly when required. Pressure relieving mattresses had been provided for people when needed.

The care of people with pressure ulcers had been regularly reviewed. The registered manager stated that when required, they had sought the advice of the tissue viability nurse who specialised in advising on pressure area care.

We also discussed the care of people with diabetes. Diabetes care plans were in place. There were glucose level monitoring charts to check on the condition of people. Care workers were aware of the dietary needs of people. Documented guidance had been provided in the care records informing on action to take if a person with diabetes was hyperglycaemic and hypoglycaemic.

Formal reviews of care had been arranged with people, their relatives and professionals involved to discuss people's progress. People's relatives confirmed that they had been involved in these reviews. We also noted that the home carried out its own monthly reviews of care plans. The registered manager informed us of an example of good practice where a person had improved following care provided by care workers. In this instance, one person who was admitted to the home with poor mobility and other medical problems had made great improvement. This person informed us that they were due to return home soon. The registered

manager stated that the care provided by care workers contributed to the improvement of this person. This was confirmed by the relative of this person concerned.

The home had a varied and regular programme of activities to ensure that people received adequate social and therapeutic stimulation. Activities were discussed on admission and people's preference documented in their care plans. Activities provided included gentle exercises, arts and crafts, pet therapy, baking, gardening and outings to the local garden centre. The home had arranged for some people who wanted be involved in household chores to do so. They could engage in activities of their choice such as cleaning tables and dusting. This was to help maintain people's independence. On the day of inspection we saw some people engaged in gentle exercise and in art and crafts. The home had an activities organiser.

Activities provided were discussed at residents' meetings. This was to ensure that activities were relevant and what people wanted. The registered manager provided us with examples of good practice. For example, a person was escorted by a care worker to attend lunch with a friend at a restaurant in North London. To encourage this person to stay in touch with their friend, care workers escorted this person to the post box to post a letter they wrote.

The home had started a project called "My Beautiful Frame" project, which was aimed at personalising walking frames. This project commenced in July 2017 and was overseen by the activities officer. People who used the service were encouraged to decorate their frames with buttons, wool, accessories and pictures of objects and names meaningful to them. We saw evidence of this. The registered manager informed us that they hoped that the personalised frames would be easily recognised and act as a prompt for people to use their frames, thus reducing the incidence of falls.

The home had a complaints procedure which was displayed near the entrance of the home. It was also referred to during residents meetings and relatives had been informed during admission into the home. People and relatives informed us that they knew how to complain. We examined the two complaints recorded in 2017. These had been promptly responded to. One relative informed us that they had raised a concern and the registered manager had responded promptly.

Good

Is the service well-led?

Our findings

People and their relatives expressed confidence in the management of the home. One person said, "The manager is friendly and approachable. Some things are well organised. New clothes are well laundered and never lost." A relative stated, "Yes, I feel that the home is well managed. I am satisfied with the care provided for my relative." We noted that the local authority had carried out a quality monitoring visit in May 2017. The report indicated that the home was well managed and no serious concerns were identified.

The home had effective quality assurance systems for assessing, monitoring and improving the quality of the service. Comprehensive audits and regular checks of the service had been carried out by the registered manager and senior managers of the organisation. Audits were carried out three monthly and included checks on care documentation, medicines, and maintenance of the home. We noted that an audit was being carried out into the administration of medicines during the day of inspection by the manager of another service. A recent satisfaction survey carried out in April 2017 indicated that people were very satisfied with the care provided. There was an action plan accompanying the survey.

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Care documentation and other records associated with the running of the service were up to date and well maintained.

The home had carried out a satisfaction survey in 2017. The feedback from people and their representatives indicated a high level of satisfaction. There was a written action plan following this survey which was seen by us.

The home had a clear management structure. The registered manager was supported by a deputy manager, an administrator, a team of care workers which included nurses. There were senior care workers who were dignity champions providing support to care workers to ensure that people are treated with dignity and respect. One of the directors visited the home at least once a week to support the registered manager.

The home had an effective communication system. Hand-over meetings took place at the beginning and end of each shift. There was a communication book which was used for passing on important information such as appointments and duties for care workers. Care workers informed us that there were meetings where they regularly discussed the care of people and the management of the home. The minutes of these meetings were seen by us. Care workers stated that communication was good.

The home had a record of compliments received. Comments recorded included the following :

"The care and support given to X and indeed to all residents is wonderful. Place is spotless clean and all the staff are friendly and lovely."

"Very happy with the home and all the staff. I feel very relaxed. I feel that my relative is very happy here and

well cared for. The management is very friendly and ready to talk."