

Primrose Bank Ltd

Primrose Bank Rest Home

Inspection report

153 Breck Road
Poulton Le Fylde
Lancashire
FY6 7HJ

Tel: 01253884488

Website: www.primrosebankresthome.co.uk

Date of inspection visit:
08 March 2016

Date of publication:
19 April 2016

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

The inspection visit took place on 08 March 2016 and was unannounced.

Primrose Bank provides residential accommodation for up to twenty-eight people. The property is an extended detached house situated on a main access road to Poulton Le Fylde. There is a secluded garden to the side and front of the property and car parking available at the rear of the home. There are regular transport links close by. There are a range of aids and adaptations in place to meet the needs of people who live there. At the time of the inspection visit there were 24 people living at Primrose Bank.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 14 August 2014 we found the provider was meeting the requirements of the regulations inspected.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care. One staff member said, "I would know what to do if I felt abuse was taking place."

We found recruitment checks were carried out to ensure suitable people were employed to work at the home and there were sufficient staff to meet people's needs. This was confirmed by talking with staff members and looking at records of staff recruitment.

Medicines were dispensed in a safe manner and people received their medicines on time. Staff had received related training to ensure medicines were administered correctly by knowledgeable staff. Controlled drugs were being administered at the time of the inspection visit. We found correct documentation was recorded to ensure accurate administration of controlled drugs.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Staff had received training and were knowledgeable about their roles and responsibilities. Staff told us access to training courses and opportunities to develop their skills was good. One staff member said, "We are always encouraged to do more training."

The registered manager had completed an assessment of people's needs. People who lived at the home

said they were happy with their care and support provided to them by caring staff. One person who lived at the home said, "We went through things, the staff were very good."

People who lived at the home were happy with the variety and choice of meals available to them. The service employed cooks who prepared homemade meals and comments were positive about the quality of food. Regular snacks and drinks were available between meals to ensure people received adequate nutrition and hydration. One person who lived at the home said, "Good home cooking here."

We observed staff treated people with respect, patience and dignity. People we spoke with told us staff were caring and respectful. One person who lived at the home said, "The staff and management are so good and kind towards people."

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's wishes. During the inspection we observed people were supported to carry out activities which they enjoyed.

There was a complaints policy in place, which was understood by staff. Information on the complaints procedure was available in the reception of the home.

The management team used a variety of methods to assess and monitor the quality of the service. We looked at a number of audits that had taken place. This ensured the service continued to be monitored and improvements made when they were identified. People who lived at the home and relatives had opportunities to feed back to the management team. This was about the quality of their care through surveys and meetings.

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.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had the knowledge of the procedure to follow if applications were required to be made.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff

who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities that were on offer at the home.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home.

Primrose Bank Rest 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.

The inspection team consisted of an adult social care inspector.

Prior to our unannounced inspection on 08 March 2016 we reviewed the information we held about Primrose Bank Rest Home. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. There were no incidents or safeguarding concerns being investigated by the local authority.

We spoke with a range of people about this service. They included the registered manager (owner), operations manager, seven staff members, eight people who lived at the home and four relatives. We also contacted the Lancashire Commissioning Department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We spent time observing staff interactions with people who lived at the home and looked at documentation relating to the running of Primrose Bank. We checked care records of three people who lived at Primrose Bank. We also reviewed records about staff training and recruitment of staff. In addition we looked at records related to the management and safety of the home.

Is the service safe?

Our findings

People who lived at the home and relatives told us they felt safe with the numbers of staff on duty and the way care and support was provided by staff. A relative we spoke with said, "We knew when we come her [relative] would be safe. The layout and staff awareness lends you to that feeling." A person who lived at the home said, "Yes I feel safe I think it is all the people moving about the place that makes you feel safe."

We had a walk around the premises and found call bells were positioned in rooms close to hand. This was so people were able to summon help when they needed to. People told us staff responded quickly when they summoned help. We found from our observations during the day staff answered call bells in a timely manner.

The registered manager had a policy on safeguarding adults and a procedure to follow. Staff we spoke with were knowledgeable about the process to follow should they witness abusive practices. One staff member said, "Yes definitely I know the routine. I had to use it once. [Registered manager] was great and it turned out to be fine. However they acted straight away." Another staff member said, "We have had training and it is constantly up dated. I know what to do should I come across anything."

Care records of people who lived at the home contained an assessment of their social and health needs. These included reviews of any risks associated with receiving care to manage risk. For example risks covered the premises and personal care. Records were personalised and covered what actions the registered manager would take to manage risk.

We checked a sample of water temperatures in rooms. We found some rooms delivered water at very high temperatures. This would put people at risk of scalding. However the management team acted swiftly and addressed the problem on the day of our visit. Since the visit the registered manager informed us in writing the problem had been detected and was being addressed to ensure people were kept safe. Records were produced for us and we saw certificates confirming gas appliances and electrical facilities complied with statutory requirements. This meant they were safe for use.

We looked at how the registered manager staffed the service to keep people safe. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. For example the service employed a management team, care, and domestic and administration staff. Comments from people who lived at the home about the amount of staff on duty included, "No never really noticed staff rushing around they always have time to help me If I need something." Also, "Whenever I need some assistance I don't wait long." A staff member said, "I feel we have enough staff. You always have time to spend with residents and that is what I like."

Records were kept of incidents and accidents. Details of incidents looked at demonstrated action had been taken following events that had happened. For example one person recently had a fall with no injuries sustained. The report documented what action was taken and what support was put in place to reduce the risk of falling. We found the care plan had been updated.

We looked at recruitment processes the service had in place. We found checks were in place that were required. They included information about any criminal convictions recorded, an application form that required a full employment history and references. Two staff members we spoke with People who lived at the home and relatives told us they felt safe with the numbers of staff on duty and the way care and support was provided by staff. A relative we spoke with said, "We knew when we come her [relative] would be safe. The layout and staff awareness lends you to that feeling." A person who lived at the home said, "Yes I feel safe I think it is all the people moving about the place that makes you feel safe."

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recruitment files who had been employed in the last 12 months .We found required checks were completed. We noted previous employment references were obtained. This demonstrated safe recruitment checks were carried out. One staff member said, "I had to have everything done and checked before I commenced work."

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records. Records confirmed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed.

There were controlled drugs being dispensed at the time of our visit. This medication was locked in a separated facility. We checked the controlled drugs register and correct procedures had been followed. The correct dosage of remaining tablets was accurate to the medication record of one person we checked. A staff member said, "We always make sure any controlled drug is handled and recorded by two staff members."

Medicines were safely kept. Storing medicines safely helps prevent mishandling and misuse. The people we spoke with told us they were in agreement their medicines were managed for them. They confirmed they received their medicines when they needed them. One person who lived at the home said, "Yes I get tablets on time always."

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who received constant training and had a good understanding of people's needs. For example we found the majority of staff had worked at the home for many years. We confirmed this by talking with staff members. Comments from staff included, "I have been here many years and if you check most of us have." Also, "It certainly helps consistency when we have been here for years. You have a good understanding of what residents need."

We looked at the training programme for all staff and spoke with them about their training schedules. All staff we spoke with told us access to training courses was good. For instance one staff member said, "Don't mention training opportunities here, it is the best place I have known for staff training and courses."

The management team had developed individual training programmes for staff and had a programme of mandatory training courses. These were constantly updated and included, safeguarding adults, fire safety and infection control. This demonstrated the commitment to ensure staff had the necessary skills to support people in their care.

Most staff members had achieved national care qualifications. This was confirmed by talking with staff. We found by looking at records staff had been encouraged to obtain professional qualifications. For example National Vocational Qualifications (NVQ) had been completed by all care staff from (NVQ) level 2 to (NVQ) level 4. A staff member said, "We are encouraged to develop ourselves by obtaining good care qualifications."

We looked at staff supervision records to check staff were supported to carry out their duties effectively. Staff told us these supervision sessions took place on a regular basis with the management team. Staff also had annual appraisals. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one. There were no current applications made to deprive a person of their liberty in order to safeguard them. We did not observe people being restricted or deprived of their

liberty during our inspection.

The service employed a cook and we found they catered for a selection of food preferences and dietary requirements for people who lived at the home. We confirmed by talking with the cook and management team any person preparing food had completed 'food and hygiene training'.

During the day we observed regular drinks and snacks being given to people who lived at the home. One person said, "You don't have to wait long before you are offered a drink and a biscuit." A relative visiting the home said, "We are always offered a drink and regularly see staff giving people snacks and hot drinks."

At lunch time we observed lunch being served in the dining room. There were staff around to support people if they required. Comments about the quality of food was positive. One person who lived at the home said, "Good home cooking here." Also, "Yes the food is good. I think we are lucky to have good cooks."

Nutritional risk assessments were completed and monitoring of people's weight. This was to ensure any issues or concerns would be highlighted and action taken to ensure people's health was maintained.

Where people's health needs had changed, staff worked closely with other health providers to ensure they received support to meet their ongoing needs. For example evidence in care records confirmed visits to the service from GP's when people required treatment. Documentation was updated to reflect the outcomes of professional visits and appointments.

Is the service caring?

Our findings

People who lived at the home and relatives told us staff were caring, kind and respectful towards them. Comments we received from people were all positive. They included, "The staff and management are so good and kind towards people. It is a nice place." A relative said, "It has a relaxed atmosphere and the staff are very patient."

The inspection visit was unannounced and we visited the home at breakfast time. Initial observation found staff attentive towards people who required support with their breakfast. For example one person was encouraged to eat as they had a small meal. The staff member showed patience and sat with the person talking with them as the person finished their breakfast. We spoke with the person following their breakfast who said, "It takes me a while at breakfast time but the staff are so kind and considerate. I know I need to eat more for my health. I like [staff member] sitting with me whilst having my breakfast."

We observed staff interacted and spent time with people who lived at the home. We observed staff to be caring and attentive in ways they supported people. For example one person had not felt well on the morning of our visit. They were a little upset due to not feeling good. One staff member gently led the person to their room holding their arm. The staff member spent a considerable amount of time with the person to make sure they were settled. We spoke with the staff member who said, "This is what I like about this home I can spend as much time as I like with residents. [Resident] was upset so she needed me to be with her. It is not a problem here it's all about the residents."

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. We spoke with a person who lived at the home who said, "Oh yes they always knock. Everybody respects your privacy." People had their bedroom doors closed if they chose to and their relatives were offered private space to visit them. Relatives we spoke with confirmed this.

Care records were stored on the computer system. They included people's preferences in terms of food, social preferences and hobbies. We spoke with staff and it was evident they were aware of how to use a care approach that met with people's needs and wishes. One staff member said, "Care records are thorough in terms of how people choose to spend time and what their hobbies are. It helps to know people what they like and dislike."

Daily records completed were up to date and maintained. These described the daily support people received and activities they had been involved with. The records were informative and enabled us to identify how the registered manager and staff supported people with their daily routines. There was evidence in care records of people's care plans reviewed with them. They had been updated on a regular basis. This ensured staff had up to date information about people's needs.

Throughout the day of our visit we saw people were able to make decisions for themselves. For example people moved around the building freely to different lounges or their own room. If they requested help to walk staff were on hand. One person who lived at the home said, "I please myself sometimes I sit in the

lounge and watch television. Other times I sit and chat with [resident in the dining area." We observed routines within the home were relaxed and arranged around people's individual and collective needs.

Relatives and friends visited the home during the day of our visit. They told us they were welcomed at any time and had no restrictions for visiting. One relative said, "We generally come in the afternoon but anytime is alright."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about Primrose Bank. They included the commissioning department at the local authority. A recent visit by Lancashire County Council commissioning team had been positive. Following the visit feedback and subsequent report was positive in terms of the quality of care provided.

Is the service responsive?

Our findings

People who lived at the home and relatives told us they felt care provided met their individual needs. People also told us they responded to any changing needs that may occur. For example one relative said, "[Relative] was not well for a day they responded by calling us and the doctor to sort the problem out. We were happy how they responded to [relative] not feeling well." One person who lived at the home said, "The staff are good and sit down and spend time discussing what's going on."

We looked at care records of three people to see if their needs had been assessed and consistently met. Care plans were all documented on the computer system. They had been developed where possible with each person and family, identifying what support they required and how it would be delivered. People who lived at the home confirmed they had been consulted about support that was provided for them. Care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs.

Care plans of people were regularly reviewed, updated and changed when necessary. One staff member said, "Care records are reviewed regularly however if changes are required we review the care plan there and then." Personal care tasks had been recorded along with fluid and nutritional intake where required. People had their weight monitored regularly. Care records contained potential action plans that would be followed in the event of people losing or gaining weight. A staff member said, "The care plans are good if somebody is losing weight the care plan identifies a number of actions to take. They are really good."

People who lived at the home told us they were encouraged to participate in a range of activities that had been arranged. On the day of the inspection visit, games were taking place in the afternoon. We observed people taking part in activities. One person who lived at the home said, "I quite enjoy when games or the entertainers are on." Another said, "You can please yourself or join in." We spoke with a relative who said, "I like it here because they always seem to involve the residents in things. They don't just sit around."

We found people had choices to join in with events going on or freely sit in other areas of the home. One person who lived at the home said, "I am not too keen in the activities. However that's not a problem I generally sit in another lounge or watch television in my room. The staff are fine about it."

We found there was a complaints procedure in place which described the response people could expect if they made a complaint. This was displayed on the notice board in the reception of the home. Staff told us if people were unhappy with any aspect of the home they would pass this on to the registered manager (owner). This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

At the time of the inspection we were informed no formal complaints had been made. The registered manager and senior carer told us they encouraged people who lived at the home and relatives to raise any concerns with them. This was so they could address the issues before it became a complaint. The registered manager informed us this helped ensure any problems were addressed quickly and action taken. One staff

member said, "We talk to relatives and residents all the time about little grumbles or problems they may have so we can sort them out. To be honest we get very little concerns here."

We asked people who lived at the home and relatives if they knew the complaints process. Also if they had any complaints. Comments included, "No never had to complain the staff do a wonderful job for me." Another person who lived at the home said, "Never needed to the staff are lovely the food is good and they are always around if you need help. I would know what to do if I needed to complain."

Is the service well-led?

Our findings

Comments received from staff members, relatives and people who lived at the home were positive about the registered manager's leadership and organisation. For example one relative said, "Very good manager always has time to go through things." One person who lived at the home said, "[Registered manager] is always around. It is nice to know the owner cares and is approachable. She is a lovely person."

The registered manager was part of the staff team on duty and supported people with their care and support needs. One relative we spoke with said, "[Registered manager] is not just in the office all the time, she helps out from what we see when we come here."

There was good visible leadership shown by the management team. They had a good knowledge of staff roles and responsibilities. We discussed people's care with the registered manager and senior carer and they demonstrated an understanding and an awareness of people's needs. For example we discussed a person's care needs we looked at that had changed due to recent health issues. The senior carer and registered manager discussed the action and changes they had implemented to improve the person's health. We looked at the person's care records which documented the changes they had done to improve the person's quality of care. This demonstrated the management understood people's support needs and what care was required. A senior staff member said, "We do know the residents well and are always hand on with support for people's care."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other. One staff member said, "It is the best home I have worked in. The staff and management all get along fine. I would definitely have no worries if my mum had to live here."

We found systems and procedures were in place to monitor and assess the quality of their service. These included seeking views of people they support through annual satisfaction surveys and care reviews. We looked at recent surveys from November 2015 returned from people who lived at the home and their relatives. Out of 14 returned surveys no negative comments were recorded. The registered manager informed us any negative responses they received would be analysed and addressed. A staff member said, "We would make sure we acted upon anything that people thought was not good."

Staff and resident meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. A staff member we spoke with said, "Yes we have meetings approximately every month or so. They are very useful and give us a chance to discuss any problems or issues." A person who lived at the home we spoke with said, "I can recall we do have some sort of meeting now or then. We mainly talk about food."

The staff had daily handover meetings to discuss the day's events. These meetings discussed up to date people's care and information was shared to staff coming on duty. The meetings kept people informed of any issues and enabled staff to discuss the running of Primrose Bank. Staff told us these meetings were

useful and kept staff up to date with information concerning people. This helped provide the best care for people.

We found there was a range of audits and systems put in place by the registered manager. These were put in place to monitor the quality of service provided. Audits undertaken were completed on a regular basis. For example recent audits had been completed on the environment, training records of staff and care plans. The management team informed us audits were an essential part of the running of the home. This was to ensure they continued to develop and provide quality care for people.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.