

Primrose Bank Ltd

Primrose Bank Care Home

Inspection report

153 Breck Road
Poulton Le Fylde
Lancashire
FY6 7HJ

Tel: 01253884488
Website: www.primrose-bank.com

Date of inspection visit:
13 February 2019
14 February 2019

Date of publication:
01 April 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Primrose Bank is registered to provide accommodation with personal care for up to forty-five people. The property is an extended detached house situated on a main access road to Poulton Le Fylde. 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 39 people were living at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

People could not be assured they would receive their medicines when they needed them as medicines were not always managed safely. Medicines audits had not identified the concerns we had identified on inspection. Prior to the inspection concluding the registered manager wrote to us. They explained they had taken immediate action to address the concerns we had found.

People were asked to consent to their care. The registered manager told us they would seek support from external health professionals if mental capacity assessments needed to be carried out. We have made a recommendation about mental capacity assessments.

Risk assessments were documented and personalised to meet individual needs. Care documentation instructed staff in how risks should be minimised.

Care records were person centred and people told us they were involved in their care planning.

People who lived at the home told us they were well cared for and were supported to see medical professionals if this was needed.

People told us and we saw, that help and support was provided quickly by staff if this was needed.

People told us they were happy with the food provided at the home and we saw nutritional assessments were carried out to identify if people required extra support.

People told us the home was well organised and staff spoke positively of the support they received from the registered manager.

People were enabled to be involved in the day to day running of the home. Meetings took place to support people in expressing their views.

People were invited to take part in a range of activities. People told us they enjoyed these.

Safe recruitment procedures were carried out and staff told us they received training and supervision to enable them to fulfil their role.

People told us they were safe and staff told us they would report concerns of abuse or avoidable harm to the registered manager and local safeguarding authorities to protect people.

Rating at last inspection: At the last inspection the service was rated as Requires Improvement. The report was published on the 7 March 2018.

Why we inspected: At our last inspection in January 2018 we identified a breach of Regulation 12 of the Health and Social Act Care Act 2008 (Regulated Activities) Regulations 2014. We found people could not be assured that medicines were managed safely. We also noted a breach of Regulation 17 of the Health and Social Act Care Act 2008 (Regulated Activities) Regulations 2014. Care records were not always reflective of people's needs and the audit systems in place had not identified the concerns we had found. We took regulatory action and served requirement notices for these breaches of legal requirements. We asked the registered provider to take action to make improvements to the areas we identified. The registered provider sent us an action plan which indicated improvements would be completed by March 2018. We carried out this inspection to check improvements had been made.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We have requested an action plan from the registered provider as to how they plan to address the breach in regulation and make improvements to the service.

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Primrose Bank Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The first day of the inspection was carried out by one adult social care inspector. The second day of the inspection was carried out by one adult social care inspector, a medicines inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who supported this inspection had experience of supporting older people who may be living with dementia.

Service and service type:

Primrose Bank is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection visit took place on the 13 and 14 February 2019 and the first day was unannounced.

What we did:

Before our inspection, we completed our planning tool and reviewed the information we held on the service. We also reviewed notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support and information from members of the public. We contacted the local funding authority and asked them their views on the service provided. In addition, we contacted Healthwatch. Healthwatch are the independent national champion for people who use health

and social care services. We used all information gained to help plan our inspection. We used all information gained to help plan our inspection.

We spoke with 12 people who received support, two relatives, one external visitor and one visiting health professional. We also spoke with the registered manager, the operations manager and the deputy manager. In addition, we spoke with a care coordinator, two care staff and the cook. We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff. We looked at six care records relating to people who lived at the home and viewed 12 medicine records for people who received medicines. In addition, we reviewed documentation relating to health and safety management at Primrose Bank Care Home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

We have inspected this key question to follow up the concerns found during our previous inspection on 9 and 10 January 2018. At the last inspection carried out in January 2018 we found improvements were required to ensure people received their medicines safely, risks were not always documented and care records did not consistently reflect people's needs. The registered provider sent us an action plan which indicated improvements would be made by March 2018.

Using medicines safely

- People could not always have their prescribed medicines because there was no stock available. Six people did not have one or more of their medicines for between one and seven days. The registered manager explained this was due to issues with either dispensing or collection of prescriptions by the pharmacy and action had been taken to obtain the medicines. At the time of the inspection this had not been successful and people did not receive their medicines as prescribed.
- During the inspection we saw there was no written guidance with the MAR record, for staff to follow when they were administering medicines to be given "when required" or with a choice of dose. Following the inspection, we were provided with documentation which showed this information was available within the care records. In addition, the registered manager told us they were in the process of implementing a "medication passport" which would be kept with the MAR record and contain written guidance.
- Creams were not always managed safely. Information was not always available to tell staff where or how often to apply creams. Staff applying creams did not always make an accurate record of doing so. Records that were made did not always show that creams were applied properly.
- People were not always given their medicines safely. People were at risk of being given doses of medicines too close together because there were no or limited systems in place to make sure this did not happen.
- Records about the management of medicines needed improving. The exact dose administered was not always recorded on the MARS (medicines administration records). Handwritten information on the MARS was not always countersigned to make sure they were accurate.
- Audits about medicines were not effective in making sure medicines were handled safely and people were protected from the risk of avoidable harm.

This demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection concluding the registered manager wrote to us. They explained they had taken immediate action to address the concerns identified on inspection.

Assessing risk, safety monitoring and management

- Individual risk assessments were carried out and documented. Care records contained instructions to staff on how risks could be minimised and reflected people's needs. Risk assessments covered areas such as mobility, nutrition and equipment.
- We observed staff followed risk assessments to promote people's safety and prevent them from avoidable harm.
- Staff spoken with understood the importance of following risk assessments and the needs of people in relation to these. One staff member told us, "Risk assessments are in the care plans, we make sure we follow them."
- Equipment and utilities were checked to ensure they were safe to use.
- Evacuation plans were available and detailed the help people would need to leave the building in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they were happy at the home. Comments included, "I'm safe here, they check on me to make sure I'm ok." And, "I am very content here."
- There were safeguarding procedures in place and the number of the Lancashire Safeguarding Authorities was accessible to staff, visitors and people who lived at the home.
- Staff could explain the purpose of safeguarding and the action they would take if they had concerns.

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks were carried out and Disclosure and Barring checks were completed prior to staff starting at the home.
- People told us they were supported promptly. One person told us staff were, "Always around to help." Staff told us they had time to support people when this was needed.
- We observed people were supported quickly if they asked for help.
- Staffing was arranged in advance so there were sufficient staff available to meet people's needs.

Preventing and controlling infection

- Personal protective equipment was used by staff if this was required. Appropriate hand washing facilities were available to reduce the risk and spread of infection.
- Staff told us they completed infection control training and documentation we viewed confirmed this.
- We walked around the home and found it was clean and well maintained. We found housekeeping staff were employed to ensure the home remained clean.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the registered manager identify trends and themes. Records showed action was taken whenever possible, to minimise the risk of reoccurrence.

Is the service effective?

Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager told us if people lacked mental capacity, they would seek support from external health professionals so mental capacity assessments could be carried out.

- We recommend the service seeks and implements best practice guidance on mental capacity assessments so people's mental capacity is assessed by staff known to them and at a time appropriate for their needs.

- Staff had knowledge of the MCA and the processes to follow if they were concerned that someone at the home lacked mental capacity.

- We saw documentation which evidenced that if restrictions were required, applications were made to the appropriate supervisory bodies to ensure people's rights were upheld.

- Decisions taken on behalf of people who were unable to make decisions for themselves were done in line with the best interest process. Where possible, friends and relatives who knew the person well were involved.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records showed that people's needs were assessed and plans were developed to support these needs and promote their wellbeing.

Staff support: induction, training, skills and experience

- Staff told us they received training in key areas such as moving and handling, safeguarding and fire safety. In addition, staff were supported to further develop their knowledge through training in areas such as nutrition, safeguarding and vocational qualifications. One staff member told us, "We have training all the time, we have to keep up to date with changes." Records we viewed confirmed staff could update their knowledge through training activities.

- Records showed staff received an induction to ensure they were familiar with the service provided.
- The management team told us staff received supervision and appraisal to review their performance and identify talents and training needs. One staff member told us, "I look forward to my reviews, it's good to know how I'm doing."

Supporting people to eat and drink enough to maintain a balanced diet

- There was a menu in place for people to select meals from. People told us they were happy with the meals and they could have alternatives if they wished. Comments we received included, "Lovely food." And, "Good food."
- Care records showed people's nutritional needs had been assessed and instructions for staff on the support people needed was detailed within these.
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be specially prepared to meet their needs.
- If people required specific diets these were catered for. We saw these were provided to people during the inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People we spoke with and documentation we viewed demonstrated the service worked with external agencies to promote people's wellbeing. One person shared their experience with us. They told us they had benefitted from being supported to see an external health professional.
- Records showed people were supported to see external healthcare professionals. For example, referrals were made to district nurses, doctors and speech and language therapists if this was needed.
- Staff told us they worked with other health professionals to ensure people got the support they needed. A visiting health professional we spoke with confirmed staff engaged with them as the need arose.

Adapting service, design, decoration to meet people's needs

- We walked around the premises. There were communal areas for people to use with sufficient seating and dining resources.
- Aids were in place to meet the assessed needs of people who experienced challenges with their mobility.
- There was an enclosed garden area with raised planters and seating for people to enjoy if they wished to do so.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were recognised as individuals and their rights were upheld. Documentation recorded people's individual beliefs, strengths and the support they required. Staff told us they would support people to live the lives they chose and would act to uphold people's human rights.
- Care records contained information about people's social histories. This meant staff could gain an understanding of people and use the information to build relationships.
- Interactions between staff and people who lived at the home were respectful and caring. We saw people were addressed by their chosen name, and staff were kind and patient with people when they supported them.
- People's personal relationships with friends and families were valued and fostered. For example, 'Fine dining' evenings were an event where friends and families were invited to come to the home and have a restaurant style meal.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in care planning. One person shared how they had been supported to make a decision in relation to their health. They told us they were happier after being supported by staff.
- Care records we viewed showed people, and their relatives were offered the opportunity to be involved in care planning.
- The registered manager explained they support people to access an advocate. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- People told us they were respected and their privacy and dignity was upheld. One person described how staff maintained their privacy and dignity. They told us they felt comfortable and respected in the presence of staff. A further person described staff as, "Not intrusive."
- People's privacy was respected. Before entering people's rooms, staff knocked on doors and waited for a response before entering.
- Staff ensured that conversations about people's needs and wishes were discreet to protect people's privacy and dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were individualised and described people's individual's needs, preferences and wishes.
- Some people needed support to help them to move around. Care records detailed the equipment required and we saw staff supporting people in accordance with the care records.
- People told us, and documentation we viewed showed that people were referred to other health professionals in response to their changing needs.
- People's communication needs were considered and recorded to ensure the service met the requirements of the Accessible Information Standard. Staff explained they would consider people's communication needs and arrange support for these if this was required.
- People could enjoy varied and stimulating activities. People told us they enjoyed the virtual reality tours and 'fine dining' evenings that were provided.
- The service engaged positively with the local community. For example, children from a local nursery came to the home to spend time socialising with people.

Improving care quality in response to complaints or concerns

- People told us they were confident any complaints would be addressed by the registered manager.
- There was a complaints procedure displayed within the home so people could access information on how this could be done.
- The registered manager told us there had been no complaints received since the last inspection, they explained they were proactive in exploring any comments made by people quickly so the complaint procedure had not been used.

End of life care and support

- People told us they had been involved in discussions about their end of life care and this had been undertaken sensitively and with compassion.
- Care documentation reflected people's personal wishes regarding their end of life care.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 9 and 10 January 2018. At the last inspection carried out in January 2018 we found improvements were required to ensure audits identified any areas of improvement within the home. The registered provider sent us an action plan which indicated improvements would be made by March 2018.

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- Medicines audits had not identified that improvements were required in the safe management of medicines.
- This is the second time the service has been rated as 'Requires improvement'. Improvements identified as required from the last Care Quality Commission inspection in 2018 had not been consistently made.
- Accidents and incidents were investigated and actions recorded where improvements could be made. For example, the registered manager had identified that some types of bed socks could increase the risk of falls. Consequently, relatives had been asked to consider the type of socks they bought people.
- The service had been awarded 'Care establishment of the year' by The National Association of Care Catering. We viewed the National Association of Care Catering and saw it said this award was given as, "Primrose Bank is a care home where lives are enriched and residents have fun, while benefitting from a focused approach to nutrition that ensures their wellbeing."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Policies and procedures provided guidance around the duty of candour responsibility if this was required.
- The registered manager knew the people who lived at the home well and demonstrated a good understanding of their needs, preferences and wishes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their regulatory responsibilities to report certain incidents and events to the Care Quality Commission. We had received appropriate notification of these as they occurred.
- Ratings from the previous inspection were displayed at the service.
- 'Champion roles' were being developed so named members of staff would have oversight of certain areas of care provision. 'For example, champion roles' were in place and being further developed for safeguarding, first aid and mental health, dignity and spirituality and wellbeing.
- Staff and the management team were clear about their roles, responsibilities and the reporting arrangements in place. Staff told us they worked together to provide the service. One staff member

commented, "We're a tight knit team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Two people who lived at the service told us they were involved in the staff recruitment process and their views influenced recruitment decisions made
- People and relatives provided feedback on the service provided through meetings and surveys. People told us and documentation we viewed, showed action was taken by the registered manager in response to the feedback received.
- Staff told us and we saw documentation that showed staff meetings took place. This allowed discussion to take place on any changes required to improve the service provided, and staff could raise their views if they wished to do so.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. We found Primrose Bank Care Home had liaised with health care professionals and specialist teams to ensure timely referrals were made and where necessary additional support had been sought. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014