

Anchor Trust

# Primrose Court

## 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

This inspection took place on 8 October 2018. The inspection was unannounced. This meant the provider was not aware we would be visiting the home.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Primrose Court 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 home is a purpose facility with accommodation in single rooms all of which have en-suite facilities. The home is not registered to provide nursing care.

Risks within the service were recorded, monitored and reviewed. The provider had a safeguarding policy in place and staff had an understanding of safeguarding matters. Sufficient staff were employed to support people's personal care needs. Some people and relatives felt staff did not always have time to provide both personal care and engage in activities. Appropriate recruitment systems continued to be operated.

Medicines in the service continued to be managed and monitored appropriately. Staff had received training on the safe handling of medicines. The service was maintained in a clean and tidy manner.

People's needs were assessed and care delivered in line with these needs. Staff had undertaken a range of training and had sufficient skills and experience to support people with individual care. People were supported with a healthy diet and specialist requirements were supported and catered for.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Family members were involved in decisions as much as practical. The environment was homely, warm and welcoming. People's rooms were personalised.

People appeared happy and relaxed in staff company and we noted good relationships between staff and people who used the service. Relatives we spoke with praised the care and told us their relations were well looked after. Staff were committed to ensuring people received good quality and personal support. People were supported to make day to day decisions and were involved in care plan reviews. People's privacy and dignity were respected and staff promoted and encouraged independence.

Care records contained information that supported staff to deliver care that met the individual's needs, although the detail in plans could be variable. Care was reviewed and families were involved in these

reviews. People were supported to access a range of events and activities. Concern was expressed about the provider's move to a wellness model where all staff were involved in providing activities. The registered manager told us the new way of working would be reviewed. There had been one recent formal complaint about the service in addition to the concerns about activities.

People and families spoke positively about the registered manager who they felt was approachable and helpful. Staff told us the registered manager was approachable and supportive. They told us there was a good staff team at the service.

Regular audits and checks were in place to monitor the quality of the service. Records were well maintained and up to date. Daily records were regularly completed although tended to focus on care tasks rather than the individual. The service was meeting legal requirements by displaying the current quality rating and submitting notifications to the Commission.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Primrose Court

## 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.

Primrose Court 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 home is not registered to provide nursing care. The home is a purpose facility with accommodation is in single rooms. At the time of the inspection there were 33 people using the service.

This inspection took place on 8 October 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who lived at the home and three relatives of people who used the service. We also spoke with the registered manager, the provider's regional manager, two support workers, the wellness co-ordinator and the chef.

We observed care provided by staff during the inspection and the interaction between staff members and people who used the service. We looked at a range of documents including three care records for people who used the service, eight medicine administration records, four staff files, staff training and supervision records, and a range of audits and other management and meeting records.

# Is the service safe?

## Our findings

At our inspection in April 2016 we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The provider had a safeguarding policy in place and staff had a good understanding of safeguarding issues and processes. People and relatives told us they felt the home was a safe environment. Risk assessments with regard to the delivery of care and the safety of the environment had been undertaken and reviewed. Safety certificates for a range of equipment were available for inspection. The regional manager told us they were awaiting the delivery of the new fixed electrical systems certificate. She subsequently emailed us a copy of the certificate. Fire procedures were in place and personal emergency evacuation plans were available. Regular fire practices were undertaken to ensure. Accidents and incidents were recorded and the registered manager reviewed falls and other incidents on a monthly basis.

Some people and relatives told us they did not always feel there were enough staff. They felt care staff sometimes felt a conflict between delivering care and supporting activities, as the provider had recently dispensed with a dedicated activities co-ordinator. One person commented, "They have got rid of the activities co-ordinator but have not increased the care staff." A relative told us, "They are quite short. They are rushing around. They need the entertainment co-ordinator back. I don't think the care staff have the time. It is clearly a cost cutting exercise." However, they told us staff always delivered high quality and timely personal care. Relatives told us, "[Relative] always looks clean and tidy" and "[Relative] always looks tidy and well turned out." During the inspection we did not witness staff rushing to complete duties and saw them engaged in a range of social activities with people living at the home.

Staff we spoke with told us there were enough staff on each shift to provide care and support people's needs. They spoke about the recent changes, with the introduction of a system where care staff also support activities within the home. They felt they had sufficient time to carry out all tasks. The registered manager carried out regular reviews of people's care needs and used this to determine staffing levels. Records showed available care hours matched those defined by the dependency assessment. At the previous inspection we found staff recruitment processes to be safe and appropriate. At this inspection we found this continued to be the case, including the undertaking of Disclosure and Barring Service (DBS) Checks and the taking up of two references.

Medicines continued to be stored and managed appropriately. Systems were in place to ensure there were sufficient stocks available. Records regarding medicines were up to date and contained no gaps. Additional instructions were available for staff with regard to 'as required' medicines and topical creams. 'As required' medicines are those given only when needed, such as for pain relief. Topical medicines are those applied to the skin such as creams or lotions. Staff had received training with regard to the safe handling of medicines.

The home was maintained in a clean and tidy manner. Bathrooms and shower areas were exceptionally clean. There were no unpleasant odours around the building.

# Is the service effective?

## Our findings

At our inspection in April 2016 we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People's needs had been assessed and care and support was delivered in line with these assessed needs. Records showed staff encouraged people to be as independent as possible. Staff had an understanding of issues related to equality and diversity and had received training in this area.

Staff told us, and records confirmed a range of training had been provided and undertaken. The regional manager forwarded us a copy of the home's training record which showed a high level of compliance in most areas. Staff files contained copies of certificates from recent in-house training. Staff told us, and records confirmed they had regular access to supervision and an annual appraisal. Staff were also subject to observed practice in a range of situations to ensure they delivered care safely.

People and relatives told us they enjoyed the food at the home and that there was a choice of menus available to them. We observed meals times and saw people seemed to like the food and were appropriately supported by staff. The home also had a 'hydration station' that was stocked with drinks and a range of snacks and fruit that people could help themselves to throughout the day. The chef told us they were provided with information about particular diets and had an awareness of individual requirements. They told us they had received training with regarding the preparation of special diets.

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. The registered manager understood the MCA and how it related to people living at the home. The registered manager demonstrated that she was following the requirements for assessing and referring people in relations to DoLS. Where appropriate people had consented to certain activities or the undertaking of various tasks. Where this was not possible then a mental capacity assessment had been undertaken and a best interests decision made. Some relatives held Lasting Power of Attorney (LPA). LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves. Copies of legal documents were maintained in people's files.

At the previous inspection we found people were supported to access a range of health and social care services. At this inspection we found people's health and wellbeing continued to be actively managed and supported.

The atmosphere in the home was warm and homely and people commented how at ease they felt living at the home. People's rooms were personalized. Facilities such as bathrooms and toilets had pictorial as well as worded signs to assist people in recognizing these facilities.

## Is the service caring?

### Our findings

At our inspection in April 2016 we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the previous inspection we found people were well cared for and staff had a positive approach. People and relatives we spoke with at this inspection continued to speak positively about the support they received at the home and the approach of the staff. Comments included, "The staff are wonderful"; "It is good quality and staff are always available. There is a good standard of care"; "I'm not sure anything would improve it. Perhaps more staff for activities"; "There is something about the atmosphere; friendly and efficient. I get lots of attention. They have been very nice to me"; "The staff seem lovely and so friendly" and "I don't think anything would make it better. They are looked after as individuals."

During our inspection we observed there to be positive relationships between staff and people who lived at the home. There was a good deal of friendly chat and the sharing of jokes. One of the kitchen staff came out of the kitchen to ask a person what they would like for breakfast. They realised the individual could not hear them on their left side and so move quickly to the right side and knelt down by their side to ensure they could hear adequately without shouting.

People and relatives told us they were involved in making decisions about their care, where possible. Monthly care reviews had been signed by people to say they agreed with them, although the detail in the reviews was often minimal. Six monthly reviews actively involved people and relatives. There were also regular meetings involving people who lived at the home. Records showed they had discussed changes to the menus and a range of activity events. The registered manager told us the home was going to establish a bar area at the request of the group. Relatives told us they were kept up to date with regard to the health and welfare of their relations.

At the previous inspection we had observed people's care was delivered with regard to their privacy and dignity. At this inspection we noted this continued to be the case, with staff delivering personal care discretely and ensuring bedroom and bathrooms doors were closed or locked, as appropriate. People also told us staff supported them to be independent. One person told us, "I like it. It is just what I want. I get looked after and they leave me alone when I want to be."

People and relatives told us they were supported to maintain strong and appropriate relationships. Relatives we spoke with told us they could visit the home at any time and always felt welcomed by the staff.



# Is the service responsive?

## Our findings

At our inspection in April 2016 we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People's care records contained a range of information designed to deliver personalised support. Care plans had been developed to meet the person's varying needs around areas such as; mobility, nutrition, personal care, communication and social activities. Care plans contained information about the individual, their history and personal preferences. Care plan details were variable. Some care plans contained good information to support staff to deliver individualised care. Other care plans lacked detail or information. We spoke with the registered manager who told us care plans would be reviewed following the inspection.

Monthly reviews of plans were noted, although these mainly consisted of dates and signatures to state the plan remained current. More in-depth six-monthly reviews were also undertaken, which contained good detail and frequently involved the individual and a relative as part of the review process. We spoke with the registered manager about the monthly reviews. She agreed to look at these reviews and work with staff to improve the quality.

The registered manager and regional manager both explained about the recent changes to activities at the home to develop a more positive focus on "wellness". They told us all staff were now encouraged to engage in activities rather than the focus being on a specific activity co-ordinator role. People were supported to access a range of events both in the home and outside in the community. On the day of the inspection we witnessed a small group engaged in some painting in the morning. There was also an exercise to music session, with many staff, including administration staff, also participating and encouraging people who lived at the home. In the afternoon one care worker sat with a group of people in the lounge area and collectively completed a crossword.

People and relatives expressed concern about the recent changes to how activities occurred at the home. One person told us they felt the activities that had occurred on the morning of the inspection had been arranged because of the inspection. They told us, "It isn't usually that busy." A relative told us, "[Relative] tells me that they don't do a lot. I sometimes come in and there is nothing; just a film or music." We spoke with the provider's Wellness Co-ordinator they told us they had been working with staff to help them engage with people throughout the day, rather than concentrate activities over a few hours. They said it was about encouraging small and personal activities, rather than concentrating on bigger events. We spoke with the registered manager and the regional manager. They acknowledged the change in activities had not been universally welcomed, particularly by relatives. We noted a specific meeting had been held at the home to discuss the changes, although one person told of the meeting, "The boss man came, but he wouldn't really listen." The registered manager and regional manager said this was an initial two-year project to see what improvements the changes made. They said the project would be reviewed and developed in light of experiences and feedback.

At the time of the inspection the home had just taken delivery of a virtual reality headset. The registered

manager explained this would be used to offer a range of experiences to people who lived at the home, although obviously was at an early stage.

At the previous inspection we had observed people were supported to make individual choices. At this inspection we noted this continued to be the case, with people making choices about their meals, where they spent their time and activities.

At the inspection in 2016 we noted the provider had in place a complaints process. At this inspection we found this was still the case. There were two recent formal complaints logged, one of which was a collective concern over the activities changes. The other individual complaint had been handled correctly and the issue dealt with effectively. One relative told us that although they had not made a formal complaint they had received an apology from the home, under the provider's Duty of Candour, because staff had forgotten to pass on information about their relation. The home had received four formal compliments during 2018.

# Is the service well-led?

## Our findings

At our inspection in April 2016 we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives and staff spoke positively about the registered manager. Comments included, "She is approachable and will solve any problem" and "You can speak to her and she will listen to what you have to say." Staff were also positive about the support they received. Comments from staff included, "(Registered manager) is brilliant. She is so approachable and nothing is too much trouble. If anything happens at the home she is fully aware" and "I think it is a well-run home. I've been to other homes and think we are more organised."

A range of checks and audits continued to be undertaken at the home. The regional manager also conducted regular reviews of the home and emailed us copies of their monthly reports on the home. We saw a range of matters were reviewed and, where necessary, action points highlighted. A number of outside agencies, such as the local authority and the local Healthwatch organisation had visited the home in the last year. Action points raised by these reports had been addressed. An internal inspection conducted by the provider's quality team rated the service as good.

Staff told us, and records confirmed there were regular staff meetings. They said they could discuss any issues or concerns in these meetings. A staff survey had been conducted during 2018. 86% of staff felt their jobs were fulfilling and 74% of replies indicated positive views on learning and development available at the home.

The registered manager spoke about how the service worked in partnership with a range of other organisations and had strong links with the community; including close links with the local church and strong links with local schools. A youth volunteering group had also worked in the home and organised a number of events, such as a cocktail evening and tea party. The registered manager told us the home had its own Facebook and Twitter accounts, which helped engage with the local community and more distant relatives. She spoke about her wish to develop the service and to increase the opportunities for people who lived there and ensure the whole staff team were involved in 'caring' for people. Daily records were regularly completed although tended to focus on tasks rather than the individual as a person. The registered manager told us she would address this with the staff team.

The provider was meeting legal requirements of their registration. The service had notified the Commission of significant events at the home, such as deaths, serious injuries and DoLS applications, as they are legally required to do. The service was displaying their current quality rating at the home and on the provider's

website.