

HC-One Limited

# Primrose House Nursing Home

## Inspection report

72 Crewe Road  
Haslington  
Crewe  
Cheshire  
CW1 5QZ

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Tel: 01270250110

Website: [www.hc-one.co.uk/homes/primrose-house/](http://www.hc-one.co.uk/homes/primrose-house/)

## 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

Primrose House Nursing Home is part of HC-One Limited. They are registered to provide nursing care and support for people who require help with their daily lives, particularly people who may be living with dementia. The single storey building can accommodate up to 42 people. At this inspection 42 people were living at the home.

At the last inspection the service was rated good. At this inspection we found the service remained good.

People continued to remain safe from the potential harm of abuse or ill-treatment as staff knew how to recognise and respond to such concerns. People were supported by enough staff to meet their needs. People had their medicines when they needed them and were assisted to take them by trained and competent staff.

The provider followed safe recruitment procedures when employing new staff members.

People were assisted by a staff team who had the skills and training to effectively support them.

People continued to receive care that was effective and personalised to their individual needs and preferences. When changes occurred in people's needs care and support plans were reviewed to reflect the changes.

People were supported to have choice and control over their lives. They were assisted by staff in the least restrictive way possible. Staff were aware of current guidance which directed their practice and people's rights were protected by the staff who supported them.

People received support that continued to be caring and respectful and their privacy and dignity was valued by those providing assistance. People were supported by staff at times of upset and anxiety.

Staff members knew people's likes and dislikes and supported them in the manner they preferred. People and their relatives were encouraged to raise any concerns or complaints and were confident they would be appropriately responded to. The provider had systems in place to address any issues raised with them.

The management team were approachable and supportive. Primrose House Nursing Home continued to be well-led. People, relatives and visitors were encouraged to be involved in decisions about Primrose House Nursing Home and their suggestions were valued by the provider.

Staff members felt valued as employees and their opinions and ideas were listened to by the provider. The provider had systems in place to monitor the quality of service and where necessary made changes to drive improvements.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# 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 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.

This inspection took place on 27 June 2017 and was unannounced.

This inspection was completed by one inspector, one specialist advisor (dementia care) and one 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.

Before the inspection, the provider completed 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.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

We observed people's care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were unable to talk with us.

We spoke with 10 people, four visitors, the registered manager and nine staff members including the nurse, activities coordinator and one domestic support.

We looked at the care and support plans for five people including assessments of risk and records of

medicine administration and weight monitoring. We confirmed the safe recruitment of two staff members.

## Is the service safe?

### Our findings

People continued to be protected from the risks of ill-treatment and abuse at Primrose House Nursing Home. One person said, "I feel safe here." A relative told us they believed their family member was safe and well cared for at Primrose House Nursing Home. Staff members had received training on how to identify and respond to any concerns regarding ill-treatment or neglect. We saw information was available to people, staff and visitors on how to raise a concern. The registered manager had made appropriate notifications to the local authority in order to keep people safe.

People we spoke with told us they were safely supported to live at Primrose House. Any risks associated with the environment or with equipment had been identified and steps taken to minimise the risk of harm. We saw one staff member using cleaning materials which they kept safe and secure from people. This staff member told us, "We did some training on how people with dementia can confuse cleaning products with food or drink. We ensure nothing is left unattended." We saw assessment of risk for people including eating and drinking, skin integrity and falls. Staff we spoke with knew what to do to keep people safe.

Any incidents or accidents were reported by staff members and monitored by the registered manager and the provider. This was to identify any trends or patterns which required further action. This included updating the risk assessments and informing staff members of any changes.

People told us, and we saw, that there were enough staff to support them safely and to assist them to do what they wanted. The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people.

People told us they received their medicines when they needed them. One person told us about their medicines and how staff supported them to take them safely. They explained to us what their medicines were for and how they preferred to have them. Staff members were trained and assessed as competent before assisting people with their medicines.

## Is the service effective?

### Our findings

People continued to be supported by a staff team that had the skills and knowledge to support them effectively. One relative told us, "Staff definitely have the right skills." Staff members we spoke with told us they felt supported in their roles by the provider and the management team.

New staff members working at Primrose House had a structured introduction to their role. This included training and working alongside more experienced staff members.

Staff members had the skills to appropriately communicate between themselves and with other healthcare professionals responsible for providing care. We attended a daily "Flash meeting". This was an opportunity for key staff members to discuss the daily needs of people and to identify any action that needed to be completed. This included any requests for additional medical support.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems at Primrose House Nursing Home supported this practice. Staff asked for people's consent before they helped them and when they could not consent to their own care staff made sure decisions were made in their best interests to protect their individual rights. This included involving families and healthcare professionals in order to make decisions in people's best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications. The provider had systems in place to review and if needed re-submit applications.

People told us, and we saw, that they were supported to have enough to eat and drink to maintain their well-being. People said they had a choice of what to eat and if they didn't like something an alternative would be provided. If needed, people's weights were monitored by staff and if there were concerns healthcare advice was sought. One relative told us, "We got some supplements for [relative's name] as their weight started to go down a bit."

People had access to healthcare services when they needed it. This included access to GP services, district nurses and if needed specialist psychiatric services.

## Is the service caring?

### Our findings

We saw that people continued to be assisted by a caring and supportive staff team. One person said, "The staff are lovely." Other people we spoke with described the staff team as, "Kind and helpful." Staff members spoke about those they supported with respect and fondness. At this inspection we saw staff members interacting with people in a spontaneous and attentive manner. For example, we saw one person attempting to adjust themselves in a chair. A staff member went to them to see if they could help by repositioning their cushion. Throughout this inspection we saw people and staff having conversations, exchanging jokes and laughing.

We saw people received support from staff members when they started to become anxious. We saw one person started to show signs of worry. A staff member recognised this and walked with and encouraged the person to talk about what was on their mind. People were supported to express themselves when they needed.

People told us they were involved in making decisions about their care which included how they wished to be supported, what they wanted to eat and what activities they wished to engage in. Staff members encouraged people by presenting choices to them in a way they would understand. For example, we saw people being shown books or puzzles for them to make a choice.

People's privacy and dignity was respected by those supporting them. People told us staff asked their permission before doing anything to assist them.

People's information was kept confidential and stored securely.

## Is the service responsive?

### Our findings

People, and when needed their relatives, were still involved in the development of their own care and support plans. One relative told us, "When [person's name] first came here we kept having regular meetings with the nurse. This was so we could make sure the care was just right." We saw care and support plans gave staff information on how people wished to be supported.

Staff members we spoke with knew about the needs of the people they supported. This included the person's personal history as well as their care and medical needs. Staff members knew people's personal preferences and how they wished to be supported. One staff member told us how they had requested specific hair care products for one person as this could encourage their involvement. They went on to say how the family provided these items and the person is now more engaged in their care.

People regularly reviewed their care and support plans with the staff members assisting them. Any changes in needs were assessed and when needed additional support was requested from healthcare professionals. Named people were "resident of the day", which included a review of their care and support needs. This was to ensure the plans were up to date and that they reflected how the person wished to be supported.

People told us, and we saw, that they were engaged in a range of activities that they found interesting, fun and stimulating. Those we spoke with told us they took part in massage, flower arranging and pet care. At this inspection we saw there was a morning dedicated to "gentleman activities" as well as things for other people to do. These comprised of activities specifically aimed at involving men with the intention to engage them with their peers. For example, books and pictures were provided which prompted a discussion about motor sports.

People told us they knew how to raise a complaint or a concern if they needed to do so. The provider had systems in place to respond to concerns which included investigation and contact with those involved.

## Is the service well-led?

### Our findings

People, staff and visitors described the registered manager as "approachable, open and on-the-ball". The registered manager had an awareness of the day to day happenings at Primrose House Nursing Home and the needs of people living there. At this inspection we saw the registered manager spending time with people and supporting them.

People were encouraged to be involved in the service they received and contributed to decisions regarding their own home environment. The registered manager told us they had regular meetings with people and their relatives. We saw these meetings were advertised in advance to encourage people to attend. At one such meeting a suggestion was made to consider creating more "homely" areas to encourage people to sit and relax. We saw that these changes had been made and people were sat in different areas including a newly created "inside garden" area.

Primrose House Nursing Home had good ties with their local community. Following a recent "care home open day" they provided lunch boxes for those living in their local community. Staff members delivered these to people in need locally. The registered manager told us this was a scheme they would look at repeating again in the future. Primrose House also shared activities and transport arrangements with another local provider to assist people to travel to activities. These included day trips.

Staff members felt valued by the registered manager and provider. Regular staff meetings were held which encouraged participation and suggestions from people working at Primrose House. One staff member told us, "We thought meal times were not working as well as they could and people were left for a short period of time without assistance. We suggested a different way of working to [registered manager's name]. They made the changes and it now works well." During lunch we saw people being supported by staff members in a timely way which met their individual needs.

The registered manager and the provider undertook regular checks to drive quality. These included regular checks on the support people received and the environment in which they lived. When needed, changes were made to improve the experiences of people. For example, it was recognised by the provider that different training was needed. This was to increase the competence of staff members supporting people with their medicines. Staff members told us they completed this training and felt safe assisting people.

A registered manager was in post and present at this inspection. They understood the requirements of registration with the Care Quality Commission. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

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.

