

Diamond Healthcare Ltd

Primrose Villa Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 10 and 15 February 2016 and was unannounced. We last inspected Primrose Villa Care Home on 26 September 2014 when we found the service to be meeting all standards inspected.

Primrose Villa Care Home is a 15 bed residential care home situated in the Standish area of Wigan. The service has car parking facilities and bedrooms are located on two floors. There was a bathroom, wet-room with a shower and shared toilet facilities. One bedroom at the home was en-suite. At the time of our visit there were 14 people living at the home.

At this inspection we identified breaches of six of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to maintaining a safe environment, staff recruitment, management of medicines, records, staffing levels and governance. You can see what actions we told the provider to take at the back of this report. We are also considering our options in relation to enforcement regarding some of these breaches and will update the section at the end of this report once any action has concluded.

There was a registered manager in post at the time of our visit. 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.

We found issues in relation to the safety of the environment at the home. We found one of the first floor bathroom windows was in a poor state of repair. The window frame was rotten and there was a gap between the window pane and the frame in one corner, which meant the window was not secure or safe. We also found many of the window restrictors on the first floor were not operating correctly, which meant the windows could be opened without restriction. These issues meant people were being placed at risk.

Medicines were not being managed safely. We identified there had been a medicines error the week prior to our inspection where people had not received their night-time medicines. The registered manager was not aware of this until we alerted them. Staff told us they thought the issue had been in relation to staff on that shift not having received medicines training.

We had not received any notifications of safeguarding incidents at the service in the year prior to our inspection. Staff we spoke with were aware of how to identify possible signs of abuse or neglect and of the appropriate actions to take to report any concerns. People told us they felt safe living at the home.

Care plans had been regularly reviewed, although some lacked detail. We also found care was not always being provided in line with the care plans. For example, we found one person's dietary requirements were not clearly or accurately recorded in the care plan, and there were inconsistencies when we asked staff what support was being provided. Another person's care plan did not accurately reflect the support they were

currently receiving in relation to mobility. This increased the risk of the care being provided not being appropriate to people's needs or not meeting their preferences.

We found staffing levels were lower at weekends than during the week, with two care staff supporting all the people at the home at times. This included people who required two staff to assist them in relation to various care tasks, including mobility. This would mean other people at the home would be left without available staff support at times. There was no clear process for assessing staffing level requirements based on people's needs.

People told us they liked the food provided and said they were able to request alternatives if they didn't like what was on the menu. Presentation of pureed meals could be improved as all items in the meal had been blended together. We also found food and fluid intake was not always accurately recorded for people who were at risk nutritionally.

Staff were provided with induction training prior to starting their role. However, there were gaps in records of training and some staff said they would like more training. Regular supervision and team meetings were carried out.

Interactions between staff and people living at the home were kind and caring. People told us they liked the staff and the staff we spoke with told us they would be happy for a friend or relative to move to the home. One relative told us the home had a personal touch due to it being smaller in size. People told us they could make other choices such as when they went to bed or were assisted with bathing. One relative told us their family member was sometimes given a clip-board and went round with staff whilst completing certain duties. They told us this was an effective way of engaging with their relative and meeting their needs.

During the inspection we observed people being supported to do a jigsaw puzzle, the hairdresser visiting and a short balloon game. There was little else observed in the way of activity or stimulation for people. The activity time-table displayed was out of date and records of activities showed some people had not been supported to participate in activities for long periods. Some people told us they had enough to do as they liked to read or were able to go out on their own. However, others told us they could get bored.

People told us they would be confident to raise a complaint with the manager or a member of staff if they were unhappy about anything. People and staff told us the manager was approachable and would listen to them. Staff told us they were happy working at the home and enjoyed their jobs.

The home had not submitted any notifications to CQC in the past year. Services such as Primrose Villa are required to inform CQC of significant events such as safeguarding, deaths and serious injuries. We found evidence that the home had not informed CQC of a serious injury as required.

Audits relating to the quality and safety of the service were carried out by the registered manager and fed back to more senior managers. The audits we saw showed the home had scored highly in nearly all areas, including in relation to health and safety, maintenance and medicines. The audits had not been effective in identifying the risks we found in relation to the environment, care plans, or medicines. Staff personnel files had been audited, however, the audits did not identify that full employment histories were not always recorded as required.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that

providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Medicines had not been managed safely. We identified a medicines error that had resulted in people not receiving their medicines as prescribed. Trained staff were not always available during the night to administer medicines if they were required.

The environment had not been adequately maintained. We found windows could be opened to their full extent as some of the window restrictors in place did not operate as intended. The window-frame in an upstairs bathroom was severely decayed and the window pane was not secure, which placed people at risk.

Staffing levels were set by budgets rather than there being a clear process to ensure staffing levels met needs of the people living at the home. Staffing levels were not always sufficient to ensure people's needs could be adequately met.

Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective.

Staff received induction training prior to starting their role. However, training records showed there were gaps in the provision of training, including training in moving and handling and infection control.

People told us they liked the food provided and said they would receive an alternative if they did not like what was on the menu. The presentation of pureed diets was poor and food and fluid intake was not being accurately recorded for people who were at risk of malnutrition.

There were a limited number of adaptations to make the environment more 'dementia friendly'. This included pictorial signs on doors leading to different areas of the home. One family member told us the environment suited their family member well due to the smaller size of the home.

Is the service caring?

Good ●

The service was caring.

Staff we spoke with told us they would be happy for one of their friends or relatives to move to the home.

People told us they liked the staff. They said staff were kind and caring and respected their privacy. Interactions we observed between staff and people living at the home were respectful and caring.

There were forms in people's care plans to indicate the level of involvement the person and where appropriate, their family member's would like to have in care planning. The relatives we spoke with were happy with their level of involvement in developing their family members care plan.

Is the service responsive?

Not all aspects of the service were responsive.

Care plans had been regularly reviewed. However, we found their content was not always reflective of the care that was being provided to people. This raised the risk of people receiving care that was not consistent with their needs and preferences.

We observed a limited number of activities taking place. Some staff told us they felt more stimulation was required for people living with dementia.

People told us they would feel comfortable making a complaint if they felt this was needed. Surveys were provided to people and relatives in advance of residents and relatives meetings, which were held around twice per year. Findings of the surveys were then discussed at the meetings and with staff.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were well led.

There had been a failure to recognise or respond appropriately to areas of risk including areas related to the maintenance and safety of the environment and in relation to the safe management of medicines.

Audits and checks relating to the safety and quality of the service were completed. However, these did not identify or result in actions being taken to reduce risk in the areas where we identified short-falls.

Inadequate ●

Staff and people living at the home said the registered manager was approachable and would listen to any concerns they had. Staff told us they liked working at the home.

Primrose Villa Care 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 took place on 10 and 15 February 2016 and was unannounced. The inspection team consisted of an adult social care inspector.

Prior to the inspection we reviewed information we held about the service. This included previous inspection reports, notifications the service is required to submit to us and any feedback provided to us by the public or people using the service via our website or contact centre. We contacted the local authority quality assurance and safeguarding teams for feedback on the service as well as Wigan Healthwatch. Healthwatch is the national consumer champion in health and social care.

During the inspection we took a tour of the home and looked at areas including the kitchen, communal areas and several bedrooms. We carried out observations of care being provided in communal areas at points on both days of our inspection.

We spoke with seven staff including the Registered Manager, the cook and five care staff. We spoke with five people living at Primrose Villa Care Home and two relatives who were visiting at the time of our inspection.

We looked at records relating to the care people were receiving. This included medicines administration records and four care plans. We also looked at documents kept in relation to the running of a care home. This included three staff personnel files, audits, records of servicing and maintenance, policy documents and training records.

Following the inspection we spoke with a speech and language therapist who was involved in the care of one person living at the home.

Is the service safe?

Our findings

We found the environment at Primrose Villa had not been well maintained. There were missing shades from the main lights in the lounge and we saw there was peeling wallpaper in one person's bedroom where there had been a leak. The registered manager told us maintenance had been requested to investigate this. We found one set of drawers in one of the bathrooms had broken handles.

Windows on the first floor of the home had been fitted with window restrictors. However, we found some window restrictors did not function properly and allowed windows to be opened to their full extent. This included windows in some people's bedrooms and in communal hallways. Other window restrictors were inadequate, such as one restrictor, which consisted of a hook and chain that could be easily disengaged and was hanging loose when we saw it. The requirements around use of window restrictors had not been risk assessed. There was a risk people could access and suffer injury by falling from windows.

We raised our concerns about the window restrictors with the registered manager on the first day of our inspection. They told us they would arrange for new restrictors to be fitted by the following Monday. We returned for a second day of inspection on the following Monday and saw that the works had been requested but not completed. We requested an urgent action plan following our visit and received confirmation the window restrictors had been replaced by Wednesday 17 February 2016.

On the second day of our inspection we found a first floor bathroom window, which had been covered by a net curtain was in a poor state of repair. The wooden window frame was severely decayed and there was a visible gap between the window pane and the window frame in one corner. The window would not fully open or close due to its condition. This placed people at risk as the window was not secure. Following our request for an action plan, the provider confirmed they had temporarily restricted access to this bathroom. The provider told us the window had been replaced on 22 February 2016 and we received evidence that confirmed this.

These issues in relation to the safety of the premises were a breach of Regulation 12 (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw medicines were kept in a locked medicines trolley or fridge if required. People's allergies were listed in the medicines file and their photos were displayed on the medication administration records (MARs), which would help ensure medicines were given to the correct person. We found there were not any protocols in place to inform staff when medicines taken on a 'when required' (PRN) basis should be given. One person was prescribed a medicine for anxiety on a PRN basis and we saw this medicine had been administered routinely on an almost daily basis, and on one occasion had been administered twice in the day. There was no guidance in the care plan or medicines file to inform staff in which circumstances this medicine should be administered, what the maximum daily dose was or how long should be left between doses. There was no guidance for staff to ensure the medicine was used safely or appropriately, or detailing any other approach the staff should use to reduce or help this person manage their anxiety. The registered manager told us a review had been arranged with this person's GP to gain clarification as to the appropriate

use of this medicine.

We found there were adequate stocks of medicines and the stock corresponded with that recorded on the medication administration records (MARs). The MARs had in most instances been fully completed, with no gaps in the records. However, we found gaps in the MARs of all six people who were administered night-time medicines on one day of the medicines cycle the week prior to our inspection. We checked the stocks of medicines and found these medicines had not been administered, including medicines that were prescribed for pain relief, sleep and asthma. This placed people at risk of harm to their wellbeing.

We spoke with staff who told us the medicines had not been administered as there were no staff on the night shift who had been trained to administer medicines. They told us this did not happen often, and that when this did occur, the night-time medicines round would usually be brought forward from 9:30pm to 8pm. On occasions there were not staff who could administer medicines at night, there would be a risk that people requiring 'when required' (PRN) medicines for pain relief or for asthma for example, would not receive medicines as required. Changing the time of administration would also present a risk as the gap between doses of medicines would be under the four hour gap required between certain medicines being administered such as paracetamol. We made the registered manager aware of our concerns regarding the missed administration and they later confirmed they were in the process of liaising with the GP to review whether there had been any detrimental health impact to any individual.

These issues in relation to the safe management of medicines were a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe living at Primrose Villa. One person said; "I feel safer than ever living here." When we asked another person if they felt their belongings were safe at the home, they told us they must do because they never had to think about them. Relatives we spoke with who were visiting at the time of our inspection also said they felt their family members were safe.

Staff we spoke with were able to tell us how they would recognise and report any potential safeguarding concerns. We saw the home's safeguarding policy was displayed on a policy board near the office, which would help ensure staff were aware of the appropriate actions to take if they had any concerns. Training records indicated 16 of the 20 staff (80%) had completed safeguarding training within the past three years.

We looked at whether staffing levels were sufficient to enable people's needs to be met, and to keep people safe. We found standard staffing levels were two carers for both the day and night shifts. In addition, on weekdays there was an additional carer between 8am and 11am, the registered manager and a part-time member of staff who split their time between administrative and activity duties. We questioned why the home was able to run with fewer staff at the weekends compared to week days. The registered manager told us this was because more relatives visited the home at weekends and there were fewer visits from health professionals.

We expressed concern that if one person was receiving support from two staff, this would at times leave the remainder of the people living at the home, which included people who were at risk of falling, without staff support or supervision. This issue would be compounded at times when one of the two care staff were required to undertake duties such as the medicines round.

The registered manager told us the home provided support primarily to people with low dependency levels. However, we identified there were a number of people living at Primrose Villa with a higher level of dependency and support needs. One person was being cared for in bed and required regular checks and

two staff to assist with certain aspects of care. Another person required two staff to support them using a hoist for transfers, and a third person required the support of two staff to mobilise. We also identified that a number of people were living with dementia and the service had identified that at least 12 people living at the home lacked capacity.

There was not a clear approach to determine staffing requirements based on people's needs. We saw people's dependency had been assessed in their care file, but there was no overview of dependency levels that was used to determine staffing requirements. We asked the registered manager how staffing requirements were determined. They told us the directors provided budgets and this determined how many staff could be deployed.

At one point in the inspection we observed one person was struggling to stand up from their chair, whilst another person was looking around and apparently indicating they required the toilet. No staff were present in the lounge at this time. When staff did arrive they assisted one person to the toilet told the person who had been trying to mobilise to 'sit down'. The room was then left unsupervised again.

The provider had failed to ensure sufficient numbers of staff were deployed, and had not followed a systematic process in determining staffing requirements. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at whether staff had been recruited following procedures to ensure they were of suitable character. We saw staff had completed an application form, received an interview and had a criminal records (Disclosure and Barring Service or DBS) check on file. However, there was not a full work history documented in two of the staff personnel records we looked at as is required. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw risk assessments had been completed and regularly reviewed in relation to areas of specific risk to people such as risk of falls, malnutrition and pressure sores. People also had personal emergency evacuation plans (PEEPs) in place, which detail the level of support a person would require to evacuate from the premises in the event of an emergency. These had been regularly reviewed, although we noted one person's PEEP had not been reviewed since there had been a change in their mobility.

Is the service effective?

Our findings

People we spoke with told us they liked the food provided and that they always had a sufficient amount to eat and drink. When asked about the food one person said; "It's terrific", and another person told us; "The food is very nice." We saw fresh fruit was freely available to people and drinks were offered regularly throughout the day. We saw forms had been completed to notify the kitchen of people's dietary preferences and any special dietary requirements.

We observed the mid-day meal. People received the support they required to eat and drink, although staff support was intermittent as they frequently left the dining area to complete other duties. There were no condiments or drinks on people's tables during the meal. We discussed this with the registered manager who said they were currently sourcing new condiments and that jugs of water were normally placed on tables.

During the inspection one person was provided with a liquidised meal. This consisted of pie, peas and gravy, which the staff told us, had been blended together. The presentation of this meal could have been improved by separating the different parts of the meal. We found accurate records of food and fluid intake were not being kept for people who had been identified as being at risk of malnutrition. The amounts of fluid and food were not recorded and the consistency of any meal provided was also frequently not recorded. In one 12 hour period, the records indicated fluids had only been offered on one occasion. We saw this person was being supported to eat and drink regularly and this was therefore an issue with keeping accurate records. This was a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as a complete, accurate record of care provided was not being kept.

We looked at records of training undertaken and found there were some gaps and topics where refresher training was required. Of the 20 staff listed on the training matrix, nine (45%) had completed moving and handling training in the past three years. Eight staff had completed infection control training, however, only one staff member had received this training in the past three years. Five (25%) of the staff had received training in dementia in the past three years and 11 were not indicated as having received any training in dementia. Six staff (30%) had received training in the Mental Capacity Act and Deprivation of liberty Safeguards in the past three years and 11 (55%) were indicated as not having received training in this area at all.

Two of the staff we spoke with said they would like to receive more training, with one person saying additional dementia training would be useful due to the increasing needs of people living with dementia at the home. We saw a notice was displayed in the office informing staff of upcoming training in dementia care. The gaps in the training of staff constituted a breach of Regulation 18(2)(a).

We saw staff undertook induction training prior to commencing their role. This included training in fire safety, safeguarding, infection control and food hygiene. The manager told us all new staff worked through the standards of the care certificate and we saw progress for new staff was being tracked against the standards. The care certificate is a set of minimum standards that should be covered as part of induction for

any new care workers.

Staff received regular supervision approximately every other month with the registered manager. Staff told us they found supervision useful. We saw topics covered in supervision included operational procedures, such as rotas and time keeping as well as covering the staff member's performance. This would help the registered manager ensure staff were aware of their expectations and able to carry out their role effectively.

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). We checked whether the service was working within the principles of the MCA.

The service had identified where restrictive practice may be required and had submitted 12 DoLS applications to the supervisory body as required. On the first day of our inspection the DoLS co-ordinator from the local authority was visiting the home to go through paperwork in relation to a DoLS that had just been authorised. Staff we spoke with had a basic working knowledge of MCA and DoLS, although one staff member said they felt they required refresher training in this area.

People we spoke with told us staff always asked their permission before providing any care. We asked staff how they would seek consent from people who might have difficulty expressing their wishes. Staff told us they would look for signs whether someone was happy to receive care such as their body language. There were consent forms present in people's care files although these were not always completed or had been completed by families but it was not clear whether the family member had any legal position to provide consent or whether they were signing in the role of a consultee. The registered manager told us they were aware they needed to develop care plans to highlight what people could do for themselves and how capacity and best-interests were being considered in relation to planned care.

We saw a limited number of adaptations had been made to the environment to make it more dementia friendly. This included pictorial signs on the lounge and bathroom doors. Some people also had their photo on their bedroom door, which would help them locate it. One family member we spoke with told us that because the home was smaller in size than many care homes, this was beneficial for their relative in terms of their support needs in relation to dementia.

Two staff members we spoke with told us they felt more was required to support people living with dementia effectively. They told us they did reminiscence sessions on occasions where they would look at old photographs with people but that there was little else to provide stimulation.

Records indicated a wide range of health professionals including GP's; district nurses and speech and language therapists (SALTs) had been involved in people's care. One relative we spoke with said; "They notice any issues and are onto the doctor straight away."

Is the service caring?

Our findings

People we spoke with living at Primrose Villa told us they found staff to be kind and caring and to treat them with respect. One person said; "Staff are very good. Not a fault with them at all;" and another person told us; "The staff are kind and caring, there isn't anyone I don't like." People told us they could have visitors when they wanted and that visitors were always made welcome.

Relatives were also positive about the staff approach. One relative said; "The home has a personal touch. Carers really know the residents and are very caring," and another relative told us; "The home does well. As it's little, the staff know people well. [My Relative's'] personal carer is brill." During our inspection we observed interactions to be kind, compassionate and respectful towards people living at the home.

We asked staff how they supported people to retain their independence as far as was possible. Staff told us they knew people well and would allow them to do as much as they could themselves offering prompting and encouragement as needed. People we spoke with confirmed that they felt staff did what they could to support their independence. One person told us they could come and go from the home as they pleased.

Everyone we spoke with felt staff were respectful of their privacy and treated them with respect. People told us staff would knock on their door before entering their room and would come back later if you wanted. One person said; "The staff are lovely. They are pleasant and respectful." Another person told us; "Staff will ask nicely if they need you to move to clean for example."

People told us they felt they were listened to by staff. We saw care plans contained details about how staff should communicate effectively with individuals, as well as any requirements they had for communication aids such as glasses or hearing aids. Staff were aware of details in people's care plans about what different non-verbal communications meant when expressed by different people they supported. For example, one staff member said; "You look for [Persons] facial expression. They can let you know if they are not happy." Another staff member told us; "We know residents and what their behaviours mean. When [Person] stands up and walks about it means they need the toilet." Staff also said they would support communication by presenting choices visually when this would assist someone in making a choice.

Relatives we spoke with told us there was good communication with the home. We saw people had forms in their care files indicating the level of involvement the individual, and where appropriate, others such as family members wished to have in care planning. The relatives we spoke with told us they were happy with their level of involvement in care planning.

Training records indicated two staff had undertaken training on end of life care, and one carer told us they had discussed the possibility of receiving further training from the hospice with the registered manager. People had care plans in place in relation to end of life care wishes.

We asked two of the staff if they would be happy for a friend or relative to move to Primrose Villa given their experiences working there. Both staff members told us they would definitely be happy. One of the two staff

said; "Yes, as the girls [staff] are good and I trust them."

Is the service responsive?

Our findings

People had care plans and assessments in place that documented their support needs in relation to areas including personal care, health care needs, medicines, mobility, recreation, food and sleep. We saw some people had an overview of their care needs in place, and others had a 'this is me' profile, which the registered manager said was being introduced for everyone at the home. We saw some details of preferences were recorded; for example, in relation to personal care and routines. Care plans we looked at showed evidence of regular monthly reviews having been carried out.

We found care plans were sometimes limited in the details they provided or did not provide an accurate picture of the support individuals were currently receiving. Although the home was small and had a relatively small staff team, this would increase the risk of the care that was provided being inconsistent or not in accordance with people's needs and preferences.

We looked at one care plan, which indicated the person should be assisted using a stand-aid and wheelchair. However, when we observed this person being assisted, they were supported by three staff manually and using a walking frame. The person also appeared to struggle to stand when supported in this way. We raised this with the registered manager who told us that this person's mobility had recently improved and that the care plans had not been updated yet as relevant professional's assessments were being awaited.

One person's care plan indicated they should have a soft diet and thickened fluids. An assessment by a speech and language therapist (SALT) had indicated this person should receive a pureed diet and thickened fluids. When we asked staff what diet this person was receiving we received inconsistent responses. Two of the five staff said they had thickened fluids and three told us they received normal fluids. One staff member told us they received a normal diet, and three told us it was pureed. During the inspection we found this person was receiving un-thickened fluids and a pureed diet. Due to our concerns, the registered manager contacted a SALT who carried out a review and confirmed they were happy with the support being provided to the individual and that it was in their best interests. However, the support being provided was not accurately recorded in the care plan, which could lead to inconsistencies and confusion over the support this person required.

We also found there to be a lack of detail about support requirements in relation to pressure care/repositioning and in relation to support and care required in relation to a catheter. Staff responses were also inconsistent in relation to the requirements to provide repositioning. We saw there had been involvement of a variety of health-care professionals in this person's care, and following discussion with the manager we were satisfied this person was not being placed at risk and was receiving the care they required.

These issues in relation to keeping an accurate record keeping were a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

We saw that people's needs and preferences had been assessed prior to them moving into the home, although the details contained in these assessments were in some cases limited. One of the pre-admission assessments we looked at had also not been signed or dated. The registered manager told us a new format for pre-admission assessments was currently being developed in consultation with staff. We found one person whom had recently moved into the home had a pre-admission assessment in their care file, but there was not a full care plan in place. The registered manager told us the aim was to have the care plan in place within one month of someone having moved into the home.

We asked people whether there was enough to keep them occupied during the days at Primrose Villa. People we spoke with said they were not aware of any organised activities, though one person said they did reading, colouring and drawing. One person said; "There's enough for me to do as I read. I'm not sure about any activities." Another person told us; "I just watch telly. I sometimes get a bit bored," and a third person said; "I can't get out by myself. There are not really any activities." We saw there was an activities timetable displayed in the home, however this was nearly two months out of date at the time of the inspection.

During the inspection we saw some activities taking place including staff supporting people to complete a jigsaw puzzle and a short game with a balloon. The hairdresser was also visiting the home on the first day of our inspection. Two members of staff told us they felt more was needed in the way of activities for people living with dementia. The activities records we looked at did not evidence that people received regular stimulation. One person's care file we looked at said they enjoyed to socialise in the lounge on occasions. However, this information was not up to date as this person was cared for in bed. The records also showed they had not been involved in any activities since December 2013. The failure to provide activities to meet people's preferences and social needs was a breach of Regulation 9(3)(b) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We asked staff how they made sure that people living at the home received personalised care. Staff said they would always make sure people were given a choice around daily activities such as choosing clothes, meals and when they were supported with bathing. People we spoke with confirmed they were given choices in these areas. One relative told us their family member was given a clip-board to walk round the home with staff as they liked to be busy. They said this was an effective way of meeting their needs, and this showed the home considered different ways of working flexibly to meet individuals' needs and preferences.

The complaints policy was displayed within the home. The registered manager told us there were no recent complaints, and we saw no complaints had been recorded in the complaints file within the last year at the time of our visit. No-one we spoke with said they had needed to raise any complaints, but all said they would feel confident doing so if they were unhappy with anything. One person said; "I'd be happy to raise a complaint. They wouldn't be funny with you."

The registered manager told us resident and relatives' meetings were held twice annually. They said this was the frequency that had been agreed with people through consultation. We looked at minutes from the last meeting, which had taken place in December 2015. We saw topics including visits from regulators, and a Christmas party were discussed. There was also evidence that people had been able to bring up their own agenda items, which had included a discussion around activities. The registered manager had also sent out surveys to people and families in advance of the meeting and provided feedback on the findings of the surveys at the meeting. This would help people share their opinions of the service and for the registered manager to discuss any themes emerging from the surveys.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. The registered manager told us they also acted as an area manager, but spent the majority of their time at Primrose Villa. The registered manager was present on both days of our inspection. The registered manager was supported by senior carers and a member of staff who split their time between activities, care and administrative duties.

When reviewing information we held about the service we identified that no statutory notifications had been submitted to us by the service in the past 12 months. Statutory notifications are notifications the service is required to send us about important events including serious injuries, incidents involving the police, safeguarding and deaths occurring at the home. We found evidence that the home had not reported a serious injury that had been sustained by one person living at the home that had occurred around two weeks prior to our inspection. The registered manager told us they thought the notification had been submitted and that this must be an oversight. We are dealing with this issue outside the inspection process and will consider taking further action if we find evidence of further statutory notifications not being submitted as required.

We found there were systems in place to allow the manager to monitor the quality and safety of the service. This included audits of infection control, health and safety, medicines, care plans. There was also a document in place that allowed the registered manager to track that essential checks and audits had been undertaken. Feedback was also provided to more senior management in relation to these checks carried out.

There was a failure within the service to identify and act to mitigate any risks. We saw that the scores awarded to many of the audits were very high. For example, the January 2016 audits of health and safety scored 98%, personnel files 100% and medication 98%. The audits had not been effective at identifying the shortfalls we found in these areas.

We found people had been placed at risk through missed administration of medicines. Procedures in place were not robust to ensure competent staff were on duty to administer medicines when they were required. Checks had also failed to identify the missed administration of medicines four days after the errors had occurred. This meant there was a delay in appropriate medical advice being sought. Audits and checks had also failed to identify the risks we found in relation to the poor maintenance of the bathroom window or the defective window restrictors. The registered manager told us they intended to implement a regular room audit following our identification of these concerns.

Actions had not been completed to address our concerns in relation to the environment following our first day of inspection. The Registered Manager told us there was one handyman who worked across homes in the group covering a wide geographical area and that they had not been immediately available.

The provider had failed to ensure that effective systems were operated to assess, monitor and improve the quality and safety of the service and to mitigate any risks to the health and safety of people living at the

home. This was a breach of Regulation 17 (1) (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the staff and people living at Primrose Villa we spoke with told us they found the Registered Manager approachable, and said he would listen to any concerns they may have. Everyone we spoke with told us they liked living at the home, and staff told us they enjoyed their jobs. One member of staff told us; "It's really nice to work here, I really enjoy it." We saw regular staff meetings were held, with the most recent meeting having been held on 21 December 2015. The minutes from this meeting showed feedback from people living at the home had been discussed with staff as well as feedback provided by a visit from the local authority quality assurance team.

The registered manager told us they had been visited by the infection control team the day prior to our first day of inspection. They told us this visit had identified that pedal bins were required as well as an updated waste management policy. The registered manager had acted promptly in response to this feedback and they told us they had ordered new bins. We also saw they had updated the waste management policy.

There was a policy board close to the office in the home. The Registered Manager told us they regularly changed the policies displayed and asked staff to read them. This would help ensure staff were working consistently and were aware of their responsibilities and roles.

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 9 HSCA RA Regulations 2014 Person-centred care Care had not been designed to meet peoples needs in relation to activities and social support. Regulation 9(3)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed A full work history was not obtained prior to staff commencing employment as is required under Schedule 3. Regulation 19(3)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 being managed safely. The environment was not maintained to a safe standard. Regulation 12(2)(g)(d)

The enforcement action we took:

We issued a warning notice. The provider is required to make improvements to meet the requirements of the regulation by 30 May 2016

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Accurate records of planned and provided care were not being maintained. Systems in place to assess and improve the quality and safety of the service were not sufficient. Regulation 17(1)(2)(a)(b)(c)

The enforcement action we took:

We issued a warning notice. The provider is required to make improvements to meet the requirements of the regulation by 30 May 2016

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff were not deployed to ensure people's needs could be met. There were gaps in the training provided to staff. Regulation 18(1)(2)(a)

The enforcement action we took:

We issued a warning notice. The provider is required to make improvements to meet the requirements of the regulation by 30 May 2016