

Primrose Court Care Limited

Primrose Court Care Home

Inspection report

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Tel: 01642456806

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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

This inspection took place on 27 March 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting.

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

Primrose Court Care Home accommodates 20 people with residential care needs across two floors. On the day of our inspection there were 14 people using the service.

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

Primrose Court Care Home was last inspected by CQC on 8 February 2017 and was rated Requires Improvement overall and in two areas; safe and well-led. We informed the provider they were in breach of Regulation 12: safe care and treatment and Regulation 18: staffing. The risks to people from unexpected incidents such as fire were not managed in a safe manner and there were insufficient staff on duty overnight to meet the needs of the people who used the service.

Whilst completing this inspection we reviewed the actions the provider had taken to address the above breaches. We found the provider had ensured improvements were made to meet the above regulations. However at this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is therefore the second consecutive time the service has been rated Requires Improvement.

The provider did not have effective procedures in place for managing the maintenance of the premises and appropriate health and safety checks were not always carried out.

The provider had audits in place to measure the quality of the service however some of the audits had failed to successfully identify the deficits we found in the service.

The home was clean, spacious and suitable for the people who used the service.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities about safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe management and administration of medicines.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people who used the service.

Staff were supported to provide care to people who used the service through a range of mandatory and specialised training, supervision and appraisal. Staff said they felt supported by the registered manager.

People who used the service and their relatives were complimentary about the standard of care at Primrose Court Care Home.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Care records showed people's needs were assessed before they started using the service and care plans were written in a person centred way and were reviewed regularly. Person centred is about ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into account.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

People had access to healthcare services and received ongoing healthcare support.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs, in the home and within the local community.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint.

People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The provider did not have effective procedures in place for managing the maintenance of the premises and appropriate health and safety checks were not always carried out.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service.

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

Is the service effective?

Good ●

The service was effective.

Staff were supported to provide care to people who used the service through a range of mandatory and specialised training, supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people to eat and drink at meal times when required.

People who used the service had access to healthcare services and received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives were complimentary about the standard of care at Primrose Court Care Home.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide

individual personal care.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?

Good ●

The service was responsive.

Care plans were written in a person centred way and were reviewed regularly.

People had access to a range of activities in the home and within the local community.

The provider had a complaints policy and procedure in place and people were aware of how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had audits in place to measure the quality of the service however some of the audits had failed to successfully identify the deficits we found in the service.

The home had a registered manager in place.

Staff told us the manager was approachable and they felt supported in their role.

People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

The service had good links with the community.

Primrose Court 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.

This inspection took place on 27 March 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding, fire service and infection control staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people who used the service and one relative. We spoke with the registered manager, deputy manager, three care staff, the activities co-ordinator, the cook and the maintenance worker.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as quality audits, surveys and policies.

Is the service safe?

Our findings

The provider did not have effective procedures in place for managing the maintenance of the premises and appropriate health and safety checks were not always carried out. For example, wardrobes in people's bedrooms were not secured to walls and the safety of some window opening restrictors could be compromised. We discussed our concerns with the registered manager who assured us these areas would be addressed. Following the inspection the registered manager contacted us to confirm this work had been completed.

The registered manager was unable to locate the record for electrical installation at the time of our inspection. Following the inspection the registered manager provided a copy of the electrical installation condition report completed on 9 and 10 April 2018 which described the condition of the installation as 'unsatisfactory.' This meant dangerous or potentially dangerous conditions had been identified. The provider and the registered manager had not been aware of the need for an electrical installation inspection. An urgent action plan had not been developed and no remedial work was in progress to ensure the safety of people who lived in the service. We contacted the provider to seek assurances this urgent work would be completed.

This was a breach of Regulation 15: [Premises and Equipment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with told us they felt safe at Primrose Court Care Home. One person said, "I am very safe, staff help you all the time" and another person said, "Oh yes very safe, always someone around."

At the previous inspection it was identified that there was insufficient staff on duty overnight to meet the needs of the people who used the service. At this inspection we found there were sufficient numbers of staff on duty to keep people safe. The registered manager told us that the levels of staff provided were based on people's dependency needs. Staff and people who used the service did not raise any concerns about staffing levels. Our observations confirmed call bells were responded to by staff in a timely manner.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

The provider's safeguarding adult's policy provided staff with guidance regarding how to report any allegations of abuse. Where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had been trained in how to protect vulnerable people. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing procedures.

The home was clean and tidy. En-suite bathrooms, communal bathrooms, shower rooms and toilets were well maintained. Appropriate personal protective (PPE) and hand washing facilities were available. Staff had completed infection control training and infection control audits were up to date to ensure people lived in a clean and safe environment.

Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends or lessons learned and made referrals to professionals when required, for example, to the falls team.

People had risk assessments in place relating to, for example, personal care, falls and skin integrity. The assessments were detailed to ensure staff were able to identify and minimise the risks to keep people safe. The provider also had general risk assessments in place for the environment and premises which contained detailed information on particular hazards and how to manage risks. This meant the provider had taken seriously any risks to people, staff and visitors and put in place actions to prevent accidents from occurring.

At the previous inspection it was identified that the risks to people from unexpected incidents such as fire were not managed in a safe way. At this inspection we found there were arrangements in place for keeping people safe in the event of an emergency. The provider's business continuity plan provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. A fire emergency plan was displayed in the reception area, a fire risk assessment was in place and regular fire drills were undertaken. The checks or tests for firefighting equipment, emergency lighting and fire alarms were all up to date. People who used the service had Personal Emergency Evacuation Plans (PEEPS). This meant appropriate information was available to staff or emergency personnel should there be a need to evacuate people from the building in an emergency situation such as fire or flood.

Equipment was in place to meet people's needs including hoists, pressure mattresses, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. The records for portable appliance testing and gas safety were up to date.

We found appropriate arrangements were in place for the safe management and administration of medicines. The provider's medication policy covered all key areas of safe and effective medicines management. Staff were able to explain how the system worked and were knowledgeable about people's medicines. Medicines were stored appropriately. Temperature checks for treatment rooms and refrigerators were recorded on a daily basis and all were within recommended levels by the British Pharmacological Society.

We looked at medication administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. Records we viewed were up to date with no omissions. Medicine administration was observed to be appropriate. Staff who administered medicines were trained and were required to undertake an annual competence assessment. Medicine audits were up to date and included action plans for any identified issues.

Is the service effective?

Our findings

People who lived at Primrose Court Care Home received care and support from well trained and well supported staff. One member of staff told us, "The training here is spot on." Another member of staff said, "I love working here."

New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. The majority of staff mandatory training was up to date and where gaps were identified, training was planned. Mandatory training is training that the provider thinks is necessary to support people safely.

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

People's needs were assessed before they started using the service. Pre-admission assessments included details of the person's medical history and an assessment of the person's care needs, including the level of support required and details on people's communication needs.

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 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 MCA. The 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a good understanding of their legal responsibilities with regard to the MCA and DoLS and staff had received training in the MCA. Applications for DoLS had been submitted to the supervisory body, mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Consent to care and treatment was documented in people's care records.

Care records provided information on people's preferences, whether they had any specific dietary needs and guidance for staff to follow to support the person. They also demonstrated people's weight was monitored regularly. The cook was knowledgeable about people's special dietary needs and preferences. The provider had a nutrition policy in place and staff had completed training in food hygiene. The home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 19 January 2018.

At tea time we observed staff assisted people to their tables in the dining room and we saw staff supporting people on a one to one basis if they required assistance with their meal. Staff chatted with people and the mealtime was not rushed. People were supported to eat in their own bedrooms, if they preferred. One person told us, "The food is very good, I had mince today, I really enjoyed it." Another person told us, "Very good food, you get a good choice."

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including, GPs, opticians, diabetic nurse, dentists, district nurses, dentists, community psychiatric nurses and chiropodists.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and the home was suitable for the people who used the service. The provider had a maintenance schedule in place and the registered manager told us about the planned renovation of the loft space on the advice from an independent fire risk assessor, plans to relay the flooring upstairs, the replacement of furniture in the lounge/conservatory, the refurbishment of people's bedrooms and the creation of stimulating murals on communal walls.

Is the service caring?

Our findings

People who used the service were complimentary about the standard of care at Primrose Court Care Home. One person told us, "Staff are very kind and friendly" and another person said, "I get on really well with the staff, I can have a laugh and a joke with them." A member of staff said, "I love the residents they are like part of my family." The registered manager told us they were, "Proud of the care provided."

We observed staff chatting to people in communal areas and engaged with them in meaningful conversation. Staff knew people's names and talked with, and listened to people in a kind and caring manner. We saw a person was walking in a confused state in one of the corridors and a member of staff spoke gently to them and guided them to where they wanted to be.

People were well presented and looked comfortable in the presence of staff. We saw staff assisted people, in wheelchairs in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. We saw that staff were very kind and thoughtful and interacted with people in a friendly and reassuring way.

Staff worked very well as a team giving individualised care and attention to people. Our observations confirmed staff treated people with dignity and respect. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. One person told us, "I am pleased with everything."

People were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people and understood people's individual needs. For example, a person who used the service became very agitated and the person was not able to articulate themselves very well. The staff knew what this person was referring too and we saw the person was supported and reassured by the staff when this was required.

Staff demonstrated they understood what care people needed to keep them safe and comfortable. We observed two members of staff aided a person to move safely from their wheelchair to their chair in the lounge. Staff constantly reassured the person, until they were seated and comfortable.

People were encouraged and supported to maintain their relationships with their friends and relatives. Staff were able to tell us about people's relatives and how they were involved in their care. People's bedrooms were individualised, some with their own furniture and personal possessions. Many contained photographs of relatives and special occasions.

We saw staff supporting people to maintain their independence. One person told us, "I can get up when I want" and another person said, "I always choose what clothes I want to wear." A staff member said, "My role is to support the residents to do as much as they can for themselves." A member of staff was available at all times throughout the day in most areas of the home. People received help from staff without delay.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. At the time of our inspection one person in the home had an advocate and advocacy information was displayed and made available to people who used the service.

People were provided with information about the service in the providers 'statement of purpose' and 'service user guide' which contained information about the facilities, services, privacy and dignity, activities, meals, fire safety, spiritual support and complaints. Information about health and local services was also prominently displayed on notice boards throughout the home.

We saw that people's care and treatment records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Is the service responsive?

Our findings

People's care records were person centred and demonstrated a good understanding of their individual needs. People's care records contained an 'All about me' document which had been developed with the person and their relative and detailed what was important to the person and how they wanted to be supported. People's preferences were recorded and met by staff. For example, one person didn't like young care workers to assist them to get dressed or with personal care. The staff we spoke with confirmed the person's wishes were met.

Care plans were in place and covered a range of needs including mental capacity, diabetes, managing money, skin integrity and nutrition. Care plans included the person's identified need in that area, the anticipated outcome and the approach required from staff. For example, one person's mental health care plan described the de-escalation techniques required by staff. For example, "Staff are to ensure their body language is non-threatening", "Don't fold your arms or stand over [Name]", "Ensure your voice is calm and words are positive", "Avoid using the words 'wait' and 'no'". An appropriate risk assessment was also in place.

Staff used a range of assessment and monitoring tools. For example, Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, was used to identify if people were malnourished or at risk of malnutrition. Waterlow, which assessed the risk of a person developing a pressure ulcer and body maps were used where they had been deemed necessary to record physical injury. Care records were regularly reviewed, updated and evaluated.

The registered manager told us some people and their relatives had discussed their end of life care wishes although no one was in receipt of end of life care at the time of our visit. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were included in some care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making.

The service had handover arrangements in place for staff to pass on information between shifts which included daily records, social activities and appointments. This meant staff were able to communicate effectively with each other to support the delivery of people's care.

The service employed an activities co-ordinator five days a week. Planned activities were displayed on notice boards throughout the home and included board games, skittles, bingo, arts and crafts, pet therapy, movies afternoon, library visits and reminiscence. During our visit we observed some people playing board games and others watching the Sound of Music DVD. One person told us, "I like going to the bingo in North Ormesby" and another person said, "I enjoy watching the films."

People informed us that they were treated as individuals and were able to make choices for themselves if they were able to do so. One person told us, "I enjoy the church services in the home" and another told us, "I like watching the 'soaps' on television, Emmerdale and Coronation Street." A member of staff told us, "It is important that residents are able to make choices for themselves."

The provider's complaints policy was on display in the communal areas. It informed people who to talk to if they had a complaint, how complaints would be responded to and who to contact, if the complainant was unhappy with the outcome, for example the local authority and the local government ombudsman. Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. People told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed.

Is the service well-led?

Our findings

The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been registered with CQC since 28 August 2015 and told us they felt supported in their role.

We looked at what the provider did to check the quality of the service and to seek people's views about it. The provider visited the service on a regular basis. Visits included speaking to people, relatives and staff, monitoring incidents and complaints and inspecting the premises and prioritising improvements.

The provider had audits in place to measure the quality of the service. We looked at the provider's audit files, which included audits of care documentation, health and safety and medicines. We found some of the audits had failed to successfully identify the deficits we found in the service in regard to health and safety and the maintenance of premises.

This was a breach of Regulation 17 [Good Governance] of The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

The registered manager told us the home had an open door policy, meaning people were able to chat and discuss concerns at any time. People who used the service spoke positively about the registered manager and the staff. They said that they were very approachable and visible. They would have no concerns in approaching them if they had any worries or concerns. One person told us, "I get on really well with the manager and the owner visits regularly."

Relatives were contacted regularly by the service with updates about their family members and welcomed into the service at all times. The quality assurance surveys for 2017 for people who used the service received very positive responses. We also saw a suggestion box in the entrance hall for people to share their views about the service.

Staff we spoke with felt supported in their role and felt they were able to report concerns. A member of staff told us that the registered manager was "very approachable" and another staff member said, "I am very happy working here." Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings were held and showed staff were able to discuss any areas of concern they had about the service or the people who used it.

The service had close links with the local community. Local school children came into the service to join in with the activities and religious services were provided for people by the local churches. The activities co-ordinator also supported people to attend the local dementia group in the community library and to attend local church services.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. The registered manager told us,

"Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice." The staff we spoke with and the records we saw supported this.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.

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 15 HSCA RA Regulations 2014 Premises and equipment People were not protected against the risks associated with unsafe premises.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have effective systems in place to monitor the quality of the service.