

Abbey Healthcare (Huntingdon) Ltd

Primrose Hill Care Home

Inspection report

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Huntingdon
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Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

About the service

Primrose Hill Care Home is a residential care home providing personal and nursing care to 51 people older people and people living with dementia at the time of the inspection. The service can support up to 60 people in one adapted building across three floors. One of the floors specialises in providing nursing care to people living with dementia.

People's experience of using this service and what we found

Medicines were not always safely managed, as staff did not always follow the providers safe working practices when administering medicines. Lessons were learnt, and actions were taken to reduce the risk of recurrence when things went wrong

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

People felt safe having their care and support provided by staff at the service. Risk assessments were in place to identify possible risks to people's health and well-being and to guide staff on how to reduce these risks. Staff worked in conjunction with guidance from external health and social care professionals across different organisations to help promote people's well-being.

Staffing levels were looked at to make sure they were satisfactory to meet the needs of the people using the service.

Staff knew the people they supported well and how the person wished to be cared for. To develop their skills and knowledge staff received training, competency checks, supervisions and appraisals. People were supported to maintain their independence wherever possible. Staff encouraged people with their food and drink intake.

Staff promoted and maintained people's privacy and dignity. People had developed good relationships with staff who understood their individual needs and preferences.

People and their relatives told us staff were kind and caring. People's personal information was kept confidential. People and their relatives were involved in discussions about their care. People's relatives told us when they had to raise any suggestions or concerns, they were listened to and the concern resolved where possible.

People and staff told us the service was well managed. People and their relatives were asked to feedback on the quality of the service. Most staff felt well-supported. Audits including organisational reviews were carried out to monitor the service and address any improvements required. The registered manager notified the CQC of incidents that they were legally obliged to.

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

Rating at last inspection

The last rating for this service was requires improvement (published 4 September 2018).

Why we inspected

This was a planned inspection based on the previous rating. The inspection was also prompted in part due to concerns received about end of life care. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the responsive section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primrose Hill Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Good ●

Primrose Hill Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return on 25 June 2019. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager, assistant manager, a nurse, a senior care worker, two care workers, an activities co-ordinator, a housekeeper and the cook. We also spoke with the visiting hairdresser.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

The CQC received information of concern from the provider on the 2 August 2019 following an incident. The provider acted appropriately and had made a referral to the local authority safeguarding team and notified the CQC. The information includes actions taken because of learning from this incident.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- During our observation of a medicines administration round we saw the staff member neither washed their hands or wore personal protective equipment such as gloves before administering a person's eye drops. This increased the risk to the person due to poor infection control practices. We spoke with the registered manager who told us it was their expectation that disposable gloves should have been worn. They assured us that improvements would be made.
- We saw two liquid medicines were sat on top of the medicines trolley throughout the majority of the medicines round. This increased the risk of people gaining access to medicines that were not prescribed for them. The registered manager was informed of this and confirmed that this should not occur and that improvements would be made.
- Some people took their medicine, such as pain killers, on an 'as and when required' basis. One handwritten protocol for staff which gave guidance on how this medicine should be administered was very difficult to read and understand. We informed the registered manager who told us they would make the necessary improvement.
- People told us they had no concerns about how their medicines were managed by staff. A person said, "I've had mental health problems for a long time and things got out of control before I went to hospital. Now I'm here the staff make sure I get my tablets at the right time and order my injections. I've been much better since I came here."
- Staff when administering people's medicines did so in a kind and patient manner, explaining what they were doing and seeking permission before administering.
- Medicines were stored and disposed of safely by trained staff.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and knew how to recognise and report incidents of harm and poor care. A staff member told us, "[You] notice a change in a resident's behaviour, physical marks, or if I've seen anyone doing anything. [You] report it to nurse first, then management and if not them, then head office." They also said, "[You can report a concern] to CQC if [the management] weren't going to do anything."
- People said they felt safe living at the service because of the care and support received from staff. A person told us, "I like it here, I like the people. The staff are very kind, so I have no fears, no worries." A relative said, "I've no concerns for my [family members] safety here; no concerns at all and can rest easy."

Assessing risk, safety monitoring and management

- People had individual risk assessments in place. These acted as information and guidance for staff on how to monitor these risks. People's risk assessments were updated to make sure they met the person's current

needs.

- People had personal emergency evacuation procedures in place to guide staff on how to assist people to evacuate in the event of an emergency such as a fire. Staff told us, and records showed they had been trained in fire awareness.
- Equipment and technology, such as alarm mats, call bells and specialist wheelchairs were used to increase people's independence and support people's well-being. A person said, "I've got this [named piece of equipment] which was made specially for me through social services. There's a contract to fix it if anything goes wrong but the handyman will do stuff if I ask."

Staffing and recruitment

- Potential new staff had checks carried out on them to make sure they were suitable to work with the people they supported.
- A dependency tool was used to determine the number of staff needed on each shift, to meet people's care and support needs. People had no concerns about staffing levels. Care calls bells were observed to be in reach, so people could summon staff when needed. One person said, "Staff always make sure I've got my bell to hand and I press it if I need something. Most times I don't have to wait long." Another person told us, "Because I can't see, and don't hear very well, I do use my call bell quite a lot. Sometimes I have to wait but it's usually when they're busy with others, so I can be patient."

Preventing and controlling infection

- Staff had training in infection control to help prevent the risk of cross contamination.
- People's rooms and communal areas of the service were clean, with no malodours.
- Staff confirmed that Personal Protective Equipment (PPE) such as aprons and gloves, were to be changed after every care and support task.
- A person told us, "I potter around and tidy my room but [staff] clean my bathroom every day and dust the rest quite regularly. I can't do it myself like I used to, so am quite happy to let them get on with it."

Learning lessons when things go wrong

- The registered manager confirmed that learning from near misses or incidents was shared with the individual staff member involved.
- Learning was also shared at staff meetings. For example, there had been some suggestions that communication between nurses and care staff could be improved. We saw that this was discussed at a staff meeting and that communication had been improved.
- Since the inspection the CQC have been made aware on 2 August 2019 of an allegation of poor documentation and management following an incident. To learn from this and to reduce the risk of recurrence the deputy manager told CQC that the local authority safeguarding team have been made aware. The provider had taken appropriate action to learn from this incident and the CQC have been advised that a full and robust internal investigation had been commenced into the events leading up to and actions taken following the incident.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to moving into the service, people's needs were assessed to make sure that staff had the skills needed to meet the person's needs.
- Staff worked with guidance and information from representatives of health professionals such as speech and language therapists, dieticians and GPs. This promoted people's well-being and helped staff deliver effective care and support.
- Staff delivered care and support to people in line with best practice guidance. For example, staff had access to NHS England information on how to support people safely and effectively during the heatwave by encouraging people to drink plenty of fluids.

Staff support: induction, training, skills and experience

- New staff completed an induction until competent and confident to deliver care. Staff completed the care certificate induction which is a nationally recognised induction programme.
- Staff's knowledge to deliver safe and effective care was developed through a training and development programme, and observations of their work. This also included supervisions, appraisals and competency checks.
- A staff member said about their appraisal, "[It is a] reflection on the last 12 months, what does the home offer to you to achieve that. My appraisal is due."

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

- People were supported to eat and drink enough amounts. Where people were on a specialised diet due to preference or health needs these were catered for. The cook told us, "The managers tell us who is losing weight, and they have fortified food for example adding cream and powered milk to puddings/breakfast. We do this automatically for people who have a puree meal because they are normally most at risk of losing weight. We have snacks throughout the day depending on what residents want, so some residents love fruit, so we will provide fruit snacks throughout the day."
- Staff supported people who required some assistance to eat their meals. This was done in a patient manner and at the person being supported preferred pace. However, we did see a missed opportunity by staff to help people with short term memories, make a choice of the meal they wanted. Plated up menu choices for people with short term memories would stimulate and encourage people to help them choose the menu option they wanted, rather than relying on memory. The registered manager told us they would remind staff of the importance of this.
- Different hot and cold choices of drinks were available throughout the day for people and their visitors to help themselves to if they wished. They had no concerns around the food and drink provided. One person

said, "The food's fantastic! I've put weight back on in the last month that I lost in hospital." A relative told us, "[Family member] was losing weight fast so they've put [them] on supplements to help. Most of [their] food is pureed but they do try to keep it appetising. I've brought in a small fridge which I keep stocked with hi-energy deserts which [they] love."

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

- People had access to external health professionals such as GP's, dieticians, speech and language therapists and chiropodists when needed.
- People and their relatives told us they had no concerns about this. One person said, "I developed a nasty chest infection a couple of weeks ago. [Staff] called the GP who gave me antibiotics straightaway. It's got better now but the Doctor has called since to check on me." A relative told us, "[Family member] ran a high temperature and the staff rang me at home to tell me. They called the GP and got antibiotics but the follow up has been good and [family member] seems a lot better."

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

- The service decoration and signage supported people to navigate their way safely around the building.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were trained and had an understanding of the MCA and DoLS. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- A staff member confirmed, "If a person hasn't had the ability to make decisions for themselves. They have LPA [Lasting Power of Attorney] or we act on the best interest." Lasting Power of Attorney is a legal document that allows someone you trust to make decisions on your behalf.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives had positive comments about the care and support provided by staff. One person said, "They take care of me. It's very reassuring to know that there's always someone there." Another person told us, "The staff know what I like and treat me kindly."
- Staff supported people in a kind and compassionate manner. When people were becoming anxious, we saw staff had recognised this and used different ways to try to engage with the person to listen to their concerns and to try to reduce these anxieties.
- Staff knew the people they were supporting and their likes, dislikes and wishes. A relative told us, "[Staff] treat [family member] as a person although [family member] doesn't easily respond to others now."

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

- People and their relatives told us that they were encouraged to express their views and be involved in decisions around their care. A relative said, "I last looked at [family members] care record last week to check some details and to see how [their] diet was going. {They have] put on weight which is great!"
- Staff knew people well and their choices were respected. Staff had positive relationships with the people they supported. A person told us, "[Staff] let me be myself, I've got freedom to do what I want."
- Advocacy information was available for people who wished for this type of support. Advocates are independent of the service and support people with their decision making, if needed.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected and promoted their privacy and dignity. A person said, "Because I have to rely on others to do almost all my personal care I'm quite vulnerable. But I can honestly say that they always do their best to respect my dignity in the most intimate care. They always get me to my room if I need anything."
- Staff encouraged people to do as much as they could for themselves, so they could maintain and develop their independence. A person said, "The staff let me 'do for myself' when I can, [when] having a wash; but are always ready to support me if I need it. They are extremely kind."
- During our inspection we saw that people were encouraged to have visitors and that staff made them welcome.
- People`s personal information was kept confidential.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff sought information on people's likes and dislikes and their care and nursing needs prior to the person coming to live at the service. This was so staff would have information on how people wished to be and needed to be cared for.
- Relatives told us that staff got to know from them how their family member wished to be supported. A relative confirmed to us, "I worked with staff on my [family members] care plan when we arrived last month."
- We saw documented evidence in the care records looked at that showed peoples named next of kin had been written to and asked if they wished to be involved in the monthly reviews of their family members care plans. This showed us that families were encouraged to support their family members with reviews of their care needs and care decisions.
- Technology such as care calls bells and alarm mats were in place for people to summon staff when needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us of the different ways they supported people with a sensory impairment to have access to information including their care plans. This included the information being read to the person, and large print documents.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Improvements had been made on the activities available within the service since the last inspection.
- Activities took place during the inspection, we saw people enjoying the conversations and impromptu singing that took place. However, people spoken with had mixed opinions around the individual activities that took place and felt that this could still be improved upon.

Improving care quality in response to complaints or concerns

- Compliments about the service provided had been received.
- People were given clear information on how to raise a concern should they wish to do so.
- Relatives told us that when they had raised a suggestion or a concern, they had been listened to and the

concern resolved where possible. A relative said, "When I found that [family member] was so unhappy soon after [they] came here I was ready to have a major go at them. But in the event the support I got was nothing short of brilliant, the issue was [re]solved almost as soon as it was identified."

End of life care and support

- Prior to the inspection the CQC had received a concern about end of life care at the service. During this inspection we did not find these concerns.
- There was nobody who was receiving end of life care residing at the service during this inspection.
- People who had wished to discuss their end of life wishes had information in place as guidance for staff to follow. This included a wish to be buried or cremated and a wish to not be resuscitated. A relative told us, "We've got a DNAR [Do Not Attempt Resuscitation] in place after discussing it with staff and [family members] GP; but we need to talk through end of life care plans soon. [Family member] can't really take part in those discussions but I do try to get [them] to follow the main points."
- Staff had end of life training, so they could help support people during this stage of their life. A staff member said, "[It is about] making sure that the patient is comfortable, try to make sure someone is always with the person as family can't be here the whole time. It's nice to have someone with you, even if you're not talking, just to have somebody with you and have a bit of company."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had a good relationship with the registered manager and staff team. Most people told us that the registered manager was assessable to them and willing to resolve any concerns they may have had. A relative said, "When my [family member] moved here last year [they were] on the middle floor, [they were] very unhappy because people, men and women, kept wandering into [their] room and I was very concerned for [their] safety. [Family member] is very vulnerable. I spoke to the manager and we agreed to have [family member] moved onto the top floor, it's much quieter here and people don't bother [them]. I'm quite content now, [family members] really safe."
- The registered manager encouraged feedback and acted on it to improve the service, for example by undertaking regular reviews with people about their care and support needs.
- The majority of staff told us that they felt supported and listened to by the registered manager. A staff member said, "[Registered manager] is very approachable and if we have any concerns she always helps us."
- The registered manager and staff worked on building links with the local community to promotes people's social inclusion. A staff member told us how people went out into the community to have a Christmas lunch and afternoon tea party. A local supermarket had supported the service by donating items when the service had held a special event. A local funeral director was helping with the services sensory garden and local schools had been invited to spend time with people. The staff member said, "They come in and do Christmas performances."
- There was a clear expectation for staff to deliver a good standard of care to people. A staff member said about the vision for the service, "[I] think it's just aiming to provide person centred care for each and every individual. We do a lot for our residents, lots of fundraising ...higher up, money wise needs to be spent on what's needed. So, we as a team try to raise money for what residents want not what the home needs. [We are] doing a sponsored walk, 59 miles to do an activity room with an old-fashioned juke box."
- The previous CQC inspection rating was displayed in a communal area so people and their visitors could refer to this if they wished to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The information shared with the CQC by the provider after the inspection demonstrated that when things had gone wrong investigations were undertaken and actions taken to learn and to reduce the risk of recurrence.

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

- Staff at all levels understood the importance of their roles and responsibilities.
- The registered manager notified the CQC of incidents that they were legally obliged to.

Continuous learning and improving care

- There was organisational oversight of the service. The registered manager said told us about the regional director visits to support the service. Any improvements required following these visits were documented, acted upon or were on-going. One of the improvements noted as required, was for all staff due an appraisal of their performance to be completed by a set deadline.
- The registered manager undertook daily walk arounds of the service to make sure they had oversight of what was happening. Audits were also carried out to monitor the quality of the service provided. Any improvements required following these audits fed into the service improvement plan which was monitored.

Working in partnership with others

- The registered manager and staff team worked in partnership with representatives from key organisations. These included GP's, dieticians and speech and language therapists' teams to provide joined-up care and support.
- The registered manager and staff team also worked with the local authority contracts team to monitor and review the quality of the service provided at Primrose Hill Care Home.