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Primrose House Residential Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

Primrose House Residential Home provides personal care and support for a maximum of 16 older people, some of whom may be living with dementia. On the day of our inspection 15 people were living in the home.

This inspection took place on 13 April 2015 and was unannounced.

The home had a registered manager. 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 and associated Regulations about how the service is run. On the day of our inspection the registered manager was on annual leave and we were assisted by one of the senior carers.

Summary of findings

Staff did not understand their responsibilities in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). People were restricted in the home without staff following the correct legal procedures.

Care was provided to people by staff who were trained, although we found staff had not received recent refresher training to keep them up to date with latest guidance.

Care plans were individualised and contained information to guide staff on how someone wished to be cared for. Care plans were reviewed regularly. However, we found some information was missing or not clear. For example, although we were told people felt safe and risks had been assessed around their mobility, other potential risks to people had not been assessed and recorded.

The environment was such that people may be at risk of harm. We found that staff had not upheld people's dignity by ensuring people had hot water available to them.

We saw evidence of quality assurance checks carried out by staff to help ensure the environment was a safe place for people to live. However these checks had not identified the issue with the lack of hot water or the information recorded in care plans.

The management structure of the home was unclear in the absence of the registered manager.

Staff did not follow correct and appropriate procedures in relation to medicines to ensure people received their medicines safely.

There was a relaxed atmosphere in the home where people and staff interacted in an easy-going manner. People and relatives were happy with the care provided. Relatives were made to feel welcome when they visited.

There were a sufficient number of staff to care for people. Staff supported people to take part in various activities and arranged activities that meant something for people.

The provider had ensured safe recruitment practices were followed, which meant they endeavoured to employ staff who were suitable to work in the home.

People had care responsive to their needs. For example, one person required care in bed and staff provided this.

Staff were able to evidence to us they knew the procedures to follow should they have any concerns about abuse or someone being harmed.

People were provided with a range of meals each day and drinks and squash were available at all times for people.

Staff maintained people's health and ensured good access to healthcare professionals when needed. For example, the doctor, optician or district nurse.

Complaint procedures were accessible to people. The provider had not received any written complaints.

People and relatives met together for meetings to discuss the running of the home.

During the inspection we found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 consistently safe.

Staff did not follow safe medicines management procedures.

People's risks were not always assessed and recorded.

The environment was not made safe to keep people free from harm.

The provider ensured there were enough staff on duty to meet the needs of the people. The provider carried out appropriate checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns.

Is the service effective?

Inadequate

The service was not effective.

Staff were not regularly trained to ensure they could deliver care based on latest guidance and practices.

Staff did not have a good understanding of the Deprivation of Liberty Safeguards and the Mental Capacity Act. People's movements were being restricted without the proper authorisation.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Requires improvement

The service was caring, but people's dignity was not upheld.

Staff did not check people's dignity was respected by ensuring hot water was available to them.

People were treated with kindness and care.

Staff encouraged people to make their own decisions about their care.

Relatives were made to feel welcome in the home.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in activities that meant something to them.

Summary of findings

Care plans were regularly reviewed and people were provided with care responsive to their needs.

People were given information how to raise their concerns or make a complaint.

Is the service well-led?

The service was not consistently well-led.

Recording keeping was not up to date, person centred or easy to read.

Quality assurance audits were carried out to ensure the quality and safe running of the home but these had not identified care records were not up to date and taps were broken.

Staff felt supported by the registered manager and had the opportunity to meet with their line manager on a formal basis regularly.

Relatives and people felt supported by the registered manager.

Requires improvement

Primrose House Residential 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 checked 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 13 April 2015 and was unannounced. The inspection team consisted of two inspectors.

As part of our inspection we spoke with four people, three staff, three relatives, the senior carer and two healthcare professionals. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included five people's care plans, three staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we found some breaches of the Regulations at our previous inspection in February 2014 and were following up on those as part of this fully comprehensive inspection.

Requires improvement

Is the service safe?

Our findings

People's medicines records were not up to date which meant staff may not know when people had received their medicines. Each person had a medication administration record (MAR) which stated what medicines they had been prescribed and when they should be taken. MAR charts included people's photographs and there was a signature list to show which staff were trained to give medicines. MAR charts were not up to date. There were some signature gaps in relation to one person from the previous day and there was no guidance for creams and other medicines which may be given to people only when they required them. We saw the writing in the MAR charts was difficult to read which meant staff were not following best practice as handwriting difficult to read can be misunderstood.

Incomplete and incomprehensible medicines records is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments had not always been drawn up to help keep people safe. We read risk assessments in people's care plans were mainly around their mobility. We did not find risk assessments in relation to people's food and fluid or skin integrity, for example in the event that a person was at risk of pressure sores. Staff confirmed these needed to be included. Care plans did not contain information in relation to the level a person's pressure mattress should be set or which type of sling to use for a person who required to be moved by a hoist. Staff were aware of people's risk assessments but we heard from one staff member they had not read the risk assessments related to the person who had recently moved into the home. They told us they had been verbally told the person was at risk of falls but said, "I've not read her care plan and I'm not overly familiar with her."

Staff told us in the event of an emergency the home's fire procedures would be followed. We were told each person had an individual personal evacuation plan in their care plan; however this was not the case. The senior carer was unable to tell us what arrangements were in place should the home have to close for a period of time. For example, in the case of a fire or flood.

The premises and equipment were not always designed to keep people safe. Staff knew those who needed help to walk and those who needed assistance getting up from a chair. We saw chairs in the communal areas with 'elephant' feet fitted to raise the seats to assist people in sitting and standing. Bathrooms contained walk-in showers or bath chairs to support people. However, we found two bedrooms on the first floor which had no window restrictors. This meant people could be at risk of opening the window wide enough to climb or fall out of.

The lack of risk assessments and ensuring people were safe living in the home is a breach Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found the provider was in breach of following correct infection control procedures. During this inspection we found the home to be clean and improvements had been made in line with the action plan we received from the registered manager. We read that staff had received hand hygiene training and equipment, such as a new sink in the sluice room had been installed. Staff told us they felt the home was a lot cleaner since the last inspection. They confirmed they always wore gloves and an apron when carrying out personal care and were able to describe to us correct procedures in relation to the sluice room. Staff told us they all helped in relation to the laundry and told us how they separated out soiled washing into separate bags. Staff were aware of the infection control policy. A relative told us, "Mum's room is always clean and tidy." However, we did find a couple of areas which required further improvement from staff. We saw one bath mat which was unclean and stains and lime scale in the kitchen sink and one person's bath. This is an area the provider needs to improve upon.

As far as possible, people were protected from the risks of abuse and harm. The staff we spoke with had a good understanding of the different types of abuse and described the action they would take if they suspected abuse was taking place. Staff were able to tell us about the flowchart that was available which showed how they should act if they had any concerns. They also knew of the role of the local authority in relation to safeguarding.

One relative said they felt there were enough staff on duty when they visited. A relative who felt their family member was safe told us they, "Walk out of the home and I feel at peace." A relative told us they were kept up to date with any changes in their family member's medicines.

Requires improvement

Is the service safe?

People were cared for by a sufficient number of staff to keep them safe and meet their individual needs. There were sufficient numbers of staff deployed on the day of the inspection. The senior carer told us staff numbers were decided on the needs of the people living in the home at the time. We saw people were assisted when they needed to be and staff had time to interact in a social way with people as well as carrying out all of their duties. Staff told us they felt there were enough staff on duty. They said it was a good team who rarely used agency staff but helped each other out during sickness and holiday. Our observations confirmed this. People were supported in a timely way and staff knew their routines well. There was always someone around for people.

Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. They included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with vulnerable people.

Accidents and incidents were recorded formally and we read there were very few accidents or incidents in the four months prior to our inspection. Details of the accident, possible causes and ways to prevent further reoccurrence were included in the log. Staff were aware of their role in recording any accidents and incidents and keeping family members informed.

Inadequate

Is the service effective?

Our findings

Staff did not have a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We read staff had not received up to date training to ensure they were aware of the most recent legal requirements. Some staff were able to describe their understanding of the MCA and when a best interest meeting would be held, but others had limited or no understanding at all. These safeguards protect the rights of people by ensuring that any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect the person from harm. We found the front door was key coded, but no DoLS applications had been submitted for anyone living in the home who lacked capacity.

Staff did not act appropriately in relation to making decisions for people or gaining their consent, for example in relation to the locked door. Staff confirmed care plans lacked mental capacity assessments where they were needed. This meant people may have decisions made for them when they had not got capacity without holding a best interest meeting or checking they had a legal right to do so.

Staff not following legal requirements in relation to consent was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who were trained and we did not have any concerns about their ability to carry out their role. Staff were competent and able to do their duties unsupervised. We read from the training records provided to us that some training had not been updated recently, such as first aid and food and hygiene. This is an area that needs to be improved upon.

Staff had good skills in relation to the way they worked with people. Staff told us what they would do if someone refused care. They described ways in which they would observe body language and coax or encourage a person if this was needed. If care was still refused they would speak to the registered manager and possibly the GP. Guidance was available for staff. For example, we read one person sometimes displayed behaviour that may harm themselves or others. We read guidance available to staff on ways to diffuse a situation.

Staff were good at communicating with people and knew people well. One relative told us the registered manager could get a positive reaction from people by the way they spoke to them. We heard staff talk about people's past life, what they used to do as a job, who their family members were and where they had lived.

People received effective care from staff. One person who had developed a skin condition was being cared for by staff in a way that had improved their condition. Their relative told us they felt this was down to the involvement and dedication of staff.

People were provided with a range of food. Although there was only one choice for the main meal, people told us they could always ask for something else if they wanted it. People were involved in developing the menus and we saw this included a range for breakfast, lunch and dinner as well as refreshments mid-morning, afternoon and for supper.

Staff, which included kitchen and care staff, knew people's dietary requirements and nutritional needs, for example if someone required fork mashable food or they were diabetic. Kitchen staff said there was a list in the kitchen which was updated by care staff. We saw people were able to sit where they preferred in the dining room, lounge or other areas of the home. Drinks were being offered along with top-ups. We saw people who needed encouragement to eat were receiving this from staff and no one was being rushed. People who preferred to eat in their room were given their food promptly. One person said, "The food tasted lovely, I haven't got a big appetite, but I enjoy the meals." A relative said their family member's fork mashable food was, "Nicely set out" on the plate to make it look appetising. Another relative told us the food smelt good and their mum always seemed to enjoy it. And one person told us, "I had a nice lunch."

Staff told us they would like to offer people a choice in their meals and be able to show people what foods were available by using pictorial aids. We were told this was something being considered by the registered manager.

Staff followed guidance in people's care plans. We read in one care plan, 'Use a teaspoon to prevent overeating' and we saw that this happened during lunch. Recording of food and fluid intake was done as part of people's daily notes, however staff would hold separate monitoring charts if a person was at risk of malnutrition or dehydration. All people's weight charts showed people were healthy. We

Inadequate

Is the service effective?

noticed one person was losing weight and staff were able to explain the reasons why. Staff were able to tell us why it was important if someone was losing weight to monitor their food and fluid. They said if a person was not eating enough or losing weight they would refer them to a health care professional and we read evidence of this in people's care plans.

People said they had access to healthcare professionals. Staff told us they had good relationships with the GP, community nurses and the pharmacy. A relative told us they felt staff really understood their mother's needs and, "Staff just read mum, they know when to 'back off' from her, they encourage her. They arrange GP care and the opticians and dentist for her."

The health needs of people were met. Care plans evidenced the involvement from external health professionals to provide guidance to staff on a person's changing needs. We read people had involvement from the tissue viability nurse, GP, physiotherapist, podiatrist, dietician and palliative care. This was confirmed by healthcare professionals we spoke with who told us they received referrals from staff in a timely and appropriate way. One healthcare professional told us staff followed any guidance they left for them in relation to people's treatment.

Staff involved healthcare professionals when people's health deteriorated or changed. For example, we saw staff had involved the speech and language therapy team in relation to one person's dietary requirements. Another person had been reviewed by the GP on a regular basis at the staff's request after developing a skin condition.

Requires improvement

Is the service caring?

Our findings

People spoke highly of staff. One person said, "They (staff) are very nice to me."

A relative told us, "Staff have an inner motivation – they believe in what they are doing and get a lot of enjoyment being here." Another relative said, "Staff are brilliant. They are kind and caring." And another told us, "I feel the staff are very caring, I have never had a problem with any lack of dignity or respect for mum from staff."

It was evident to us on the day staff were very caring, however we found people's dignity was not upheld. We checked people's rooms and found several rooms without hot water and one room had a hot water tap that was broken. Some bathrooms had no hot water, or hand towels and the water, which was luke warm, trickled from one shower, making it almost unusable. Most people's beds had their bedspreads pulled up, but underneath the beds were unmade, with the duvet and sheets crumpled and bunched up and one room had minimal bedding. In several rooms we noted people's clocks were set to the wrong time. During the medicines round one person required eye drops. This was done by the member of staff whilst the person was at the dining table, interrupting their lunch. Other people were given their tablets at the dinner table. They were spoken to politely by the member of staff but not told what they were being given.

The lack of dignity shown to people by staff is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff described to us ways in which they would ensure privacy when providing personal care to someone. One staff said they would speak quietly to people in the communal areas if they required personal care and make sure people's clothes and their own personal items were clean and well looked after. People had the opportunity to spend time privately, either in their room or in areas around the home, such as the separate lounges or dining areas.

Staff treated people in a kind and observant way. We saw one staff member approach a person and ask them if they would like their teeth cleaned as they looked uncomfortable. This was done in a quiet, caring way and showed real consideration for the person. Another person was coughing and staff asked if they would like a drink. We heard staff speak to people using their first names and taking time to listen to them.

The home had a good atmosphere. During lunch people were laughing and singing. We observed a great deal of camaraderie between staff, people and relatives throughout the inspection. There was a flow of conversation and laughing and people discussed various things such as different foods, childhood experiences or previous work. There was good interaction between the people who lived at Primrose House. We saw two people sitting in a separate room chatting and laughing with each other. One healthcare professional we spoke with said the staff were very caring.

People could make their own decisions about their care. A relative said they heard staff ask people about all aspects of their care. People said they could get up and go to bed when they wished and could decide whether or not they wanted to participate in activities. One person told us, "I can have anything I want." We heard staff ask people where they would prefer to sit during the day and whether they wished their legs raised or not.

Relatives and friends were welcomed into the home and people were encouraged to maintain relationships with people close to them. We saw several relatives visit the home throughout our inspection. They told us they were always made to feel comfortable and relaxed.

Good

Is the service responsive?

Our findings

One relative said, “I could tell she was interested in the newspaper discussion this morning. I know that there is a church service on a Sunday. I thought the interaction with people was great this morning.”

A staff member told us, “We have enough activities but it’s pleasing everyone. We have one to ones with people; we try different things and if they don’t like it then we try something else.” Staff said they tried to find out from the pre-admission assessment what people’s interests were.

People received care that was responsive to their needs, for example, when they required to be cared for in bed, or needed additional support to keep them independent. Care plans contained monthly assessments of care needs, hobbies, past life and interests, food and weight information, although information in care plans was not always completed or up to date. A relative told us they were, “Completely involved” in reviewing their family member’s care plan. They told us they were asked about all aspects of their care.

Staff made people feel they mattered as they arranged activities for them that had meaning. During the morning staff used the newspaper and a reminiscence book to prompt discussion amongst people. We heard people recall traditional dishes and discuss how to cook them. Relatives were involved in the discussions and the positive stimulation for people was evident. Although we saw an activities board displaying the day’s activities, we found staff chose activities during the day based on people’s requests. During the afternoon, staff playing snakes and ladders with people and we heard them encourage everyone sitting in the lounge to join in. Even people who were not playing took an interest. Staff adapted the game to ensure each individual was able to participate regardless of their infirmity. Staff knew people liked singing, so they put on music after asking people what they would like to hear, so everyone could have a sing song. Staff engaged people in conversations later in the day which most people participated in.

People’s individual preferences were met. One person was able to go in the garden when they wanted to have a cigarette as well as sit in another lounge area to watch television. And another person who liked to be on their own went to have a lie down. Some people were practising Christians and staff arranged for a Communion service to be held in the home. One person had a visual impairment and at their request staff ensured they described things as they went along. We heard this during the activities.

People knew how to make a complaint or comment on an issue they were not happy about. There was a complaints policy available. There was a complaints log in the home but the senior carer told us no formal complaints had been received. One relative said they would have no hesitation in approaching the registered manager if they had a complaint. Another relative said, “I had a concern that I emailed the (registered) manager about and I felt listened to. There is an open door policy here. I wouldn’t change anything.”

Requires improvement

Is the service well-led?

Our findings

Relatives were happy with the care provided by staff. One relative said, "As a care home they do a tremendous job." Another relative told us, "The service is well managed; the (registered) manager is approachable. If I have any issues he is very caring."

One member of staff told us, "The (registered) manager is very supportive and easy to talk to." Another said, "It (the home) is managed well. The provider is aware of the needs of people. We are dedicated to the residents here. We can call upon him any time with any problem. He values staff; he tells you you are appreciated. He respects my opinion."

However, we did not find robust management arrangements within the home. When we arrived we were told the registered manager was on annual leave. We asked who was in charge and were introduced to a care worker who told us they would assist us during our inspection. They said they were a carer who worked on the floor, but also, "Sort of" acted as the senior person in the registered manager's absence. Relatives and other staff told us however this carer was a senior carer as well as the deputy manager and generally did the paperwork, rather than working on the floor.

Records were not up to date meaning staff may not always follow latest guidance. We read in one care plan a person's Waterlow (pressure ulcer) risk assessment had not been reviewed since 2013. We also read this applied to their dietary requirements despite being on a fork mashable diet. Another person had a body map in which staff had recorded they had a 'foreign body' but there was no date or any further information relating to this. Care plans lacked information. For example, staff had written 'moderate dementia' in relation to one person but no other detail was recorded. Daily notes were written later in the day. For example, at 1.00pm none of the care provided in the morning by staff was written in people's care plans which meant information was written some time after care was given. The notes we read were very task focused and not easy to read, for example, 'ate well', and 'slept well'. Staff told us they were starting to put all care plans on the computer, however we were told by the senior carer the home was not computerised. One staff member said they didn't have written handover meetings. They told us, "We are normally quite good at remembering things."

The lack of robust records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found the provider was in breach of quality assurance checks within the home. During this inspection we read internal quality assurance checks had taken place in line with the action plan we received from the registered manager. These were to help ensure the safety of the home for people and to monitor the quality of the service provided. For example, we saw regular infection control, premises, medicines and health and safety audits were completed. Actions arising from audits had been carried out, however the provider and registered manager had failed to notice the lack of hot water in people's room and the broken tap.

We were shown policies for the home. Several policies had recently been updated, such as complaints, clinical waste and medicines and we read staff had signed to say they had read and understood them. Care records and staff records were stored securely and confidentially but accessible when needed.

The last staff meeting minutes we were shown were dated 2009. The senior carer told us that formal staff meetings were held twice a year, but informal unrecorded meetings were held regularly. She added as it was a small staff team, staff spoke on a daily basis and any issues were sorted out there and then. Most staff had worked in the home for some time, with very little staff turnover so it was a stable, consistent staff base. Staff told us they wished there were more staff meetings. However, we read staff had the opportunity to meet with their line manager on a one to one basis regularly by the way of an appraisal which gave them the opportunity to discuss progress, any concerns they had or training they would like.

People and their relatives were able to make suggestions and become involved in the home. We read the minutes of a recent meeting and read people had requested a menu change. We noted this had happened. A relative said there were regular meetings where suggestions and ideas could be put forward. Relatives had been asked to complete a survey to give their feedback about the home. We read from the most recent survey which 11 responses were received, people were positive about the cleanliness, security, upkeep of premises, staff respect and activities. One relative had written, "Thank you for all care and help."

Requires improvement

Is the service well-led?

People were cared for by staff who felt able to raise issues that might impact on people's safety. We saw staff had a whistleblowing policy available to them in order to raise concerns. Staff told us they were aware they could whistleblow if they had any concerns. Staff told us, "We just continue to improve all the time, we are happy, we give our best. We are happy if they (the people) are happy."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **Staff did not provide people with the dignity they should expect.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The provider was not following the proper legal requirements in relation to consent.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider did not manage medicines safely.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **The provider did not ensure the premises were safe and secure for people.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider did not hold complete records for each person.**

This section is primarily information for the provider

Enforcement actions

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