

Primrose Care Home Hetton Ltd

Primrose Care Home

Inspection report

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Date of inspection visit:
25 February 2022
18 March 2022

Date of publication:
04 July 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Primrose Care Home is a residential care home providing personal care to up to 22 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 21 people using the service.

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

People were self-isolating as the home had a COVID-19 outbreak when we visited. However, relatives and staff gave extremely positive feedback about the home and felt people were safe. The home had good infection prevention and control practices. Relatives confirmed staff always wore PPE when they visited the home.

Staff knew about the safeguarding and whistle blowing procedures. They felt able to speak up if needed. Enough staff were deployed to meet people's needs and new staff were recruited safely.

Medicines were being managed safely. Risk assessments were carried out if needed. Incidents and accidents were investigated and action taken to help prevent them happening again.

Staff were well supported and received the training they needed. Relatives and staff gave very good feedback about the management and said they were approachable.

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; the policies and systems in the service supported this practice.

The provider had effective quality assurance system which included checks to help keep people safe. People, relatives, staff and professionals were regularly asked for feedback about the home.

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 good (published 18 August 2018).

Why we inspected

We undertook a targeted inspection to review IPC practices at the home. We inspected and found there was a possible concern with gaining people's written consent for various aspects of their care, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Primrose 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out this inspection.

Service and service type

Primrose Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Primrose Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave on the day notice of the inspection to ensure it was safe for us to visit and ensure the provider or registered manager would be available to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke briefly with six relatives of people using the service. We were unable to speak with people as they were isolating in their rooms due to a COVID-19 outbreak. We spoke with the nominated individual and registered manager. We also received feedback via email from 12 staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including all people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision, as well as a variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems aimed at keeping people safe. Relatives said the home was safe. One relative commented, "[Family member] seems happy enough. It is the best place around here. I think [family member] is safe."
- Staff understood the safeguarding and whistle blowing procedures. Staff felt confident to raise concerns and that these would be taken seriously. One staff member commented, "I would feel quite confident in raising any concerns using the whistle blowing procedure. I haven't had to do this while here at Primrose. However, I wouldn't think twice if I had any sort of concern to speak out."
- The provider made safeguarding referrals and investigated concerns appropriately.

Assessing risk, safety monitoring and management

- The service assessed and managed risks appropriately. A range of health and safety related risk assessments had been completed, such as fire safety, and action taken as a result to keep people safe.
- Additional risk assessments had been carried out, depending on people's individual needs.
- The provider had up-to-date procedures to deal with emergency situations. This include evacuating people safely in an emergency.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs. Relatives told us staff were quick to respond when people needed help. Relatives said, "It doesn't matter what you ask them to do, they do it for you there and then" and "We like it because it is not a massive place, so staff can spend time with people."
- The provider regularly monitored staffing levels to ensure they remained safe.
- New staff were recruited safely. This included checking with the Disclosure and Barring Service to make sure new staff were suitable to work at the home. The Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Staff kept accurate records to show which medicines people were given. These showed people received their medicines on-time.
- The registered manager checked these records and acted to address any issues.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider followed Government's guidance about visiting to care homes. They introduced screening measures to provide reassurance visits took place safely. This included visitors showing proof of a negative COVID-19 test. Relatives confirmed they were welcome to visit the home at any time.

Learning lessons when things go wrong

- The provider had systems to learn from incidents and accidents. Incidents and accidents, such as falls, were investigated with action taken to address any concerns identified.
- The registered manager analysed incidents and accidents frequently to check appropriate action had been taken and to learn lessons.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People's need had been assessed to identify their care and support needs. This included considering any religious, cultural and lifestyle choices.
- Relatives confirmed staff had a good understanding of how people wanted to be cared for. One relative said, "It is 100% safe. [Family member] is happy in their own way. They know how to look after [family member]."

Staff support: induction, training, skills and experience

- Staff accessed the training and support they needed to fulfil their role. Records confirmed training and supervision were up to date.
- Staff confirmed they were well supported. One staff member commented, "I feel supported in my job role. The management has always been very approachable and if I had any concerns or worries or felt I was unsure of anything, I would feel comfortable approaching management or senior staff."

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

- Staff supported people to have enough to eat and drink. One relative commented, "The meals are fantastic."
- Care plans described the support people needed with eating and drinking. Where required, staff monitored how much people ate and drank and referred them to health professionals for additional advice, such as speech and language therapists and dieticians.

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

- People were supported to access healthcare services when needed.
- Care records provided information about the health care professionals involved in people's care. They also confirmed what input people had received to help stay healthy.

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

- Staff had been proactive in adapting the home to make people comfortable and to better suit the needs of people living with dementia. This included redecorating areas of the home to provide visual stimulation and signage to help people orientate.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider followed the requirements of the MCA; DoLS authorisations had been granted for all relevant people. The registered manager monitored DoLS authorisations to ensure they remained valid.
- Where people were unable to consent to restrictions placed on them, an MCA assessment and best interests decision was completed first. A minority of MCA assessments covered more than one decision, which was not in line with the Act. The registered manager agreed to review these decisions.
- Where people had capacity, written consent had been sought for various decision. This included taking photographs and COVID-19 vaccinations.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Management and staff worked together to help promote good outcomes for people. One relative commented, "It is like a little family. They make you feel like you are their family as well."
- The home had a welcoming and friendly atmosphere. Relatives commented, "[Care staff] are lovely. They are there for us as well. They do anything for you" and "I can't praise them highly enough. It is like home from home. We know [family member] is well looked after."

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

- The registered manager and staff understood their roles and responsibilities. The registered manager submitted the required notifications following significant events at the service, such as for incidents and accidents.
- The registered manager was supportive and approachable. One relative told us, "[Registered manager] is amazing, from the first day she put our minds at rest. She is always approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider regularly communicated with people, relatives, staff and professionals to gather their views and used these to improve the home. One relative commented, "[Registered manager] is lovely. Even on a weekend, when she is not there, she still gets in touch with you. She is absolutely brilliant."
- Relatives gave very positive feedback about the home. One relative told us, "It is absolutely amazing, can't fault it. We heard so many good things. We are so happy with the care. The staff are all amazing."
- Staff could attend regular meetings to share their views about the service. On staff member said, "We are a team and that is evident through daily chats, handovers and meetings."

Continuous learning and improving care

- The provider had effective quality assurance systems which successfully identified areas for improvement and learning.
- These quality assurance checks were used to identify areas for improvement. Action plans were developed to ensure the required improvements were made.

