

Primrose Hill Limited

Primrose Hill Nursing Home

Inspection report

99 A Old Fallings Lane
Wolverhampton
WV10 8BJ

Tel: 01902864627

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Primrose Hill Nursing Home is a residential care home providing personal and nursing care to up to 50 people. The service provides support to people living with dementia, mental health needs and those with a physical disability. At the time of our inspection there were 44 people using the service.

Primrose Hill accommodates people across three separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Risks for potentially restrictive aspects of people's care had not always been considered or assessed. We found door gates were used in several areas of the home and people's capacity to consent to their use had not been fully considered.

Assessments of people's capacity to make specific decisions had limited detail and did not contain information to reflect how staff had made the decision that people lacked capacity.

Systems used to assess the quality of care people received were not always effective in identifying areas which required review or improvement. Staff told us senior managers, acting on behalf of the provider, had not always spoken to them in a respectful way. Feedback received from local agencies reflected they experienced delays when requesting information relating to incidents and events.

People told us they felt safe. Staff were able to identify signs of potential abuse and knew how to escalate concerns for people's safety. With the exception of the use of door gates, risks had been assessed and staff knew how to support people safely. People received their medicines as prescribed and there were enough staff to support people. Staff had been safely recruited. People were supported by staff who were following infection control guidance.

Staff had received training to equip them in their role. People's needs were assessed, giving consideration to their individual needs. People received support with their food and drink in accordance with their assessed needs and preferences. The home environment was suitable for the needs of people living at the home. People received support to manage their health needs and staff contacted outside healthcare agencies to ensure people's needs were met.

Despite concerns from staff about the way they had been treated by people in senior management roles, feedback about the registered manager and the home management team was positive. People, relatives

and staff felt able to share their views with the management team and staff felt supported in their role. There was evidence of learning from incidents and events.

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 June 2020).

Why we inspected

The inspection was prompted in part due to concerns received about people's health needs not being met. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the effective section of this full report.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches in relation to consent and the governance of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Primrose Hill Nursing 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

The inspection was conducted by 2 inspectors.

Service and service type

Primrose Hill Nursing 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 Hill Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 1 relative about their experience of the care provided. We also spoke with 10 staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, these included 7 people's care records, medicines administration records, health and safety and quality assurance records. We also looked at two staff recruitment files.

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 remained requires improvement. This meant some aspects of the service were not always safe and in some areas, there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks relating to people's safety had not always been considered or assessed. A number of people had door gates installed in the doorways to their bedrooms. Although staff told us these had been installed to prevent people from going into bedrooms uninvited and to keep people safe, the potential risks had not been considered.
- We reviewed people's care plans and found there were no assessments of the risks posed by the door gates. This meant that for some people there was no guidance for staff to follow to ensure people's safety in relation to the gates. The registered manager confirmed these risks had not been assessed and told us they would take action to ensure people's care was reviewed without delay.
- Other risks relating to people's care and support had been assessed. Staff were aware of how to safely support people and were able to explain how they provided care which met people's individual needs. Where people needed the support of staff and specialist equipment to assist them, for example a hoist, this was done safely and in a dignified way.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I am happy here, the staff are lovely, having someone around helps my confidence."
- Staff had received training in how to protect people from harm and knew how to identify signs of potential abuse or neglect. They shared with us examples of the action they would take if they were concerned for people's safety or wellbeing, which included using the provider's whistleblowing procedure and contacting the local authority.
- Where safeguarding incidents had occurred, the registered manager team had made appropriate referrals to local authority safeguarding teams and had notified us, as required by law.

Staffing and recruitment

- People received support from a staff team who were able to provide planned care as well as respond to people's needs. People we spoke with felt there were enough staff available to support them.
- Staff feedback about staffing numbers was positive on the whole, however some staff felt they could be more staff available at night to reduce the risk of people experiencing a delay in their personal care needs being met. Although people had not been placed at risk of harm, we shared this feedback with the registered manager who told us they used a dependency tool to calculate the number of staff required to support people safely.
- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. 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

- People told us they were happy with the support they received with their medicines. One person shared how staff supported them to make changes to their medicines so they could manage their pain more easily.
- People received their medicines as prescribed. We observed people being supported to take their medicines and saw staff took time to explain their purpose of the medicines and offered prompting and reassurance where required. Where people received their medicines covertly, advice had been sought from medical professionals to ensure this was in the person's best interests.
- Procedures for the safe management of medicines were effective and systems to ensure the administration, storage and disposal of medicines were in place. Where people were prescribed controlled drugs, which have special regulations on ordering, storage, administration and recording; we found records we checked relating to the administration and storage of these medicines were accurate.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The registered manager was aware of their responsibilities in relation to supporting people's rights to have visitors at the home. Visitors could access the home freely. A relative told us, "I am made to feel welcome, there are no restrictions. I am very happy with everything."

Learning lessons when things go wrong

- There was evidence of learning following incidents and events. The registered manager shared examples of where they had reviewed incidents and made changes to reduce the risk of reoccurrence.
- Staff told us they were kept informed of any changes through daily handover meetings. This enabled staff to make changes to how they supported people if new risks or concerns had been identified through learning.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- At our previous inspection we found decisions about people's capacity to make specific decisions had not always been appropriately recorded. At this inspection we identified similar concerns. People's capacity to make specific decisions had been considered but the rationale as to why someone lacked capacity was not recorded. For example, in relation to the use of covert medicines, or the use of door gates.
- Staff had not always considered the use of door gates as restrictive practice restricting a number of people's freedom of movement, as some people could not leave their rooms without the assistance of staff. This meant some people were not able to move around the home freely.
- Where people were being deprived of their liberty appropriate legal authorisations were in place, however we could not ascertain whether these included the use of door gates. We shared these concerns with the local authority.

We found no evidence people had been harmed however, systems were not in place to ensure care and treatment of service users was only provided with the consent of the relevant person. This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to our concerns on the day of the inspection and staff began to review people's care. In the days following the inspection they shared with us examples of completed risk assessments and MCA assessments relating to the use of door gates.

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

- Initial assessments were carried out when people moved into the home and these contained information about people's individual needs including any protected characteristics, including people's sexuality and cultural needs.
- Where possible people had been involved in their assessment and care planning and staff met with them regularly to discuss any changes. Staff we spoke with knew people well and understood their needs.
- People's health and support needs were recorded in care plans which enabled staff to provide personalised care. People's needs were reviewed regularly so care provided reflected their current needs. Care plans contained details of people's likes and dislikes and personal preferences.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge required to support people. An induction and on-going training and support enabled staff to carry out their roles effectively.
- Staff told us they completed both face to face and e-learning training, as well as regular supervisions, which equipped them in their roles. Staff we spoke with felt supported by the unit managers and the registered manager. They told us they felt able to voice any concerns about people's care and discuss any training needs.
- People told us staff had the knowledge to support them. One person shared examples with us of how staff used equipment to support them safely with their mobility

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

- People received enough food and drink to maintain their health. Where people were at risk of malnutrition or weight loss, staff were aware and followed guidance in care plans to reduce these risks.
- Staff were aware of people's dietary needs and were able to share with us how people's food was modified to support their nutrition. Staff referred concerns about eating and drinking to relevant specialist healthcare professionals, including speech and language therapists.

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

- Prior to the inspection we received concerns relating to people not receiving appropriate support to manage their health needs. We reviewed people's care records and discussed the concerns with the registered manager. We were unable to identify any occasions where people had not been supported to attend health appointments.
- A relative we spoke with felt their family member received appropriate support to manage their health needs. They told us, "I am kept informed if anything happens and of any medicines changes. With appointments the staff got [person's name] ready, arranged transport and medicines and I supported. I am really happy with everything."
- Information was shared with staff at the start of each shift about people's health needs. This included where people required additional monitoring, or if a decline in their health had been observed, what action had been taken.
- Records reflected referrals had been made to external professionals where changes in people's needs had been identified. These included referrals to GPs, mobility specialists and speech and language therapists.

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

- Facilities throughout the home contained adaptations, for example in bathrooms. This enabled people to maintain their independence, where possible.
- Benches had recently been installed within the corridors to offer people additional spaces to sit. We saw these were well used during our inspection as people used them as a space to relax and socialise.

- People's individual needs had been considered in relation to the home environment. For example, where a healthcare professional advised one person may benefit from a more distinctive colour scheme, changes were made which had a positive impact on the person's well-being.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits used to monitor the quality of care people received were not always effective. Care plans and risk assessments had been regularly reviewed; however, they had not identified the concerns we found relating to poor application of the Mental Capacity Act, a lack of risk assessments and a failure to identify the use of door gates as a potential restraint.
- Some staff we spoke with expressed concerns about the culture of the organisation and shared how they had been treated by people in senior management roles, acting on behalf of the provider. While feedback about the registered manager was positive, some staff shared experiences of being spoken to by senior managers in a way which had made them feel uncomfortable.
- At the last inspection the provider told us they had been selective about their recruitment of managers as they did not want to develop a culture of poor leadership. While staff and relatives spoke positively about the registered manager, staff feedback reflected the guidance they received from senior managers was not always delivered in a professional way.
- Feedback from some professionals who visited the home reflected information they requested was not always provided in a timely way. They told us they had to repeatedly ask for information relating to safeguarding or incidents. This could delay learning following incidents and events.

The provider had failed to establish systems to effectively assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Feedback from people, relatives and staff about the day to day management of the home was positive. One staff member told us; "I think [registered manager] leads the home well. They have improved things; they are very welcoming and I am more than happy to approach them."
- Following our feedback, the registered manager and operations manager responded positively and acknowledged changes were being implemented. They provided evidence of training they had recently undertaken in leadership and management and said they would take action to review any concerns. The nominated individual also conducted an investigation into the allegations relating to senior managers acting on behalf of the provider.
- The rating from the previous inspection was displayed prominently as required by law.

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 registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- A relative told us that where things had gone wrong the registered manager had spoken with them to understand concerns and explain any changes or improvements that would be made as a result of the learning that had taken place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were involved in reviewing their care. They told us they felt able to approach staff and were listened to.
- Aside from the concerns raised about senior management with the company, staff told us they felt supported by the unit managers and the registered manager. One staff member said, "[Name of registered manager] is very supportive. The other day we were short of staff and they came to help."
- Staff told us they were supported through supervision meetings and felt able to approach the unit managers if they had any concerns. One staff member told us, "I know the unit managers want to make things better, they are who I go to with any issues."

Continuous learning and improving care; Working in partnership with others

- The registered manager completed monthly oversight reports to review all aspects of the care people received and the management systems. These reviews were used to identify any patterns or trends where improvements may be required.
- Using these reports the registered manager developed action plans to drive the required changes and ensure learning was shared with staff. Staff told us changes to people's care, or staff processes were shared with them at daily handover meetings.
- Care records and discussions with staff reflected the involvement of external agencies, to ensure people's individual needs were met. For example, referrals were made for specialist healthcare support.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure that where a person lacks mental capacity to make an informed decision, or give consent, staff had acted in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish systems to effectively assess, monitor and improve the quality and safety of the service.</p>