Anchor Trust

Primrose Court

Inspection report

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Date of inspection visit:
23 March 2016

Date of publication:
29 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

The inspection took place on 23 March 2016 and was unannounced. At our last inspection in February 2014 we found the provider was meeting all the regulations we inspected.

Primrose Court is a purpose built care home registered to provide personal care and accommodation for up to 33 older people. At the time of inspection 32 people were living at the service. The service 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 2008 and associated Regulations about how the service is run.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place to make sure suitable staff worked with people who used the service. Staff received the training and support required to meet people's needs.

Staff understood people's needs and provided care and support accordingly. Staff had a good relationship and rapport with the people they supported. Staff knew how to respect people's privacy and dignity.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect people they supported. People told us they felt safe with staff and we saw there were systems and processes in place to protect people from the risk of harm. People were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines safely.

Managers and staff understood the requirements of the Mental Capacity Act (2005). The care plans we looked at contained mental capacity assessments where appropriate.

Care plans were detailed and provided an accurate description of people's care and support needs. People were supported with their nutritional and hydration needs and had access to a range of healthcare services.

There were many opportunity for people to be involved in a varied and extensive amount of activities with involvement from the local school, church and sourced outside entertainers. The activity co-ordinator tailored their hours around the needs of the people so that activities and interests where provided throughout different times of the day. This meant people had varied and fulfilled lives and participated in activities which were personal to them

The service had good management and leadership. There was an effective system in place to respond to complaints and concerns. Effective systems were in place which ensured people received safe quality care. People had opportunity to comment on the quality of service and influence service delivery

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.

The registered provider had systems in place to safeguard people who used the service and to ensure people were protected from abuse. Individual risks had been assessed and identified as part of the care and support planning process.

We found the management of medicines was safe.

There was enough staff available to meet people's needs safely. The provider had effective recruitment procedures in place.

Is the service effective?

Good

The service was effective.

People were well cared for and supported by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a knowledge and understanding of the Mental Capacity Act 2005.

People's nutritional care needs were well supported and people were supported to access appropriate healthcare services.

Is the service caring?

Good

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care and support needs and were confident people received good care.

Staff knew how to treat people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People chose how to spend their time and had very full lives, as they were supported to engage in an exceptionally wide range of activities provided to people that responded to their needs and interests.

People were provided with care that was very person-centred and tailored to their individual needs. People who used the service and their relatives were included in the care plans.

People were confident to raise any concerns. Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

The management team were clear about their roles, responsibility and accountability and staff felt supported by the registered manager.

The registered provider had effective systems in place to monitor and assess the quality of the service provided.

People who used the service, relatives and staff members had opportunity to comment on the quality of care and support through surveys and meetings.

Primrose Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one adult social care inspector, a specialist advisor with a background in nursing and an expert by experience with a background in care of older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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.

We also reviewed all the information we held about the home, including previous inspection reports and statutory notifications. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no concerns about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted health and social care professionals who were familiar with the service. They had no concerns about the service.

At the time of our inspection there were 32 people living at the home. During our visit we spoke with five people who lived at Primrose Court, two visiting relatives' seven members of staff and the registered manager. We observed how people were being cared for. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at four people's care plans.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe in the home. These were some of the comments people made, "I have never felt safer. I love my home." Another person told us, "Staff and people who live here are all nice I feel safe with everyone in my home." We spoke with a person's relative who told us, "Yes [name of person] is very safe here, I visit often and I have never seen anything I would be worried about." A member of staff told us, "Yes I feel everyone is safe here, it would stand out in this service if not as it's a good service."

In the PIR the provider told us, 'Staff rota ensures sufficient staff on duty and accounts for annual leave and sickness dependency tool used to calculate how many staffing hours are required to meet the levels of dependency budgeted care staff hours'.

Staff we spoke with said there were enough staff to meet people's needs. We were told by staff if they needed additional help, this was available as staff were flexible and were willing to work extra shifts if needed. One staff member told us, "We have enough staff now, we have just recruited more staff." Another staff member told us, "Yes I feel we have enough staff to meet people's needs, would be nice to be able to have time to sit and talk to people more though."

Our observations and discussions with people who used the service and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The registered manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. We spoke with one person's relative who told us, "There is always enough staff around; [name of person] never has to wait for anything."

We observed staff supporting people during the day in various rooms, this involved movement and support to and from wheelchairs. On these observations, all were undertaken in a safe appropriate and caring manner and clear explanations were given to the people.

In the PIR the provider told us what they had in place to ensure safety, this included, 'Robust recruitment and interview process, DBS checks, references, visa/work permit checks Bank staff to cover for sickness/annual leave/additional hours required to maintain continuity of care'.
We looked at the recruitment records for five staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an in depth understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the registered manager. Staff said they were confident the registered manager would respond appropriately. The registered provider had policies and procedures for safeguarding vulnerable adults. Staff said they were aware of how to whistle

blow (report concerns inside and outside of the organisation) and confirmed they covered this on their training and the procedure guide was located in the office. This showed staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We looked in four people's care records and saw where risks had been identified, there were assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out in relation to pressure care, food, nutrition and medication. Staff showed a good awareness of risk management and could describe individual risk management plans for people who used the service. Staff said there were good management plans in place such as those to maintain weight and nutritional needs.

Staff demonstrated their knowledge of the home's emergency procedures and said they had taken part in fire drills. Staff said they were trained in first aid awareness and felt confident to deal with any emergencies. They knew how to report accidents and incidents.

We checked the systems in place regarding the management of medicines within the home. We found all four of the records we looked at were accurate. This meant people in the home had received their medicines as prescribed. The home had an up to date medication policy in place.

We looked at four random medication administration records (MAR) sheets found them to be correct in terms of stock held. Each MAR had a digital photograph of the individual person for identification purposes. Any incidents of non-administration or refusals were noted on the electronic MAR sheets. This meant it was clear if people had not taken their prescribed medicines.

We inspected the storage room and saw there was enough storage for the amount of medication within the home .We saw this was clean and had handwashing facilities. We saw ordering systems ensured people did not run out of their medicines. We observed staff administering people's medication. Staff did this in a sensitive way giving people time to understand what was happening throughout. . Staff appropriately administered and recorded controlled medicines. Controlled medicines are prescription medicines that are controlled under the misuse of drugs legislation.

Staff received training and a medication observation every year to check their competency. These were evidenced in staff files we looked at.

During our walk around the premises we saw the home was exceptionally clean and tidy. We looked at various areas of the home including the lounges, dining room and bathrooms. We also looked at some people's bedrooms which were clean, tidy and personalised. We found the home was maintained very well throughout. The home had recently undergone some refurbishment which had been completed to a high standard.

Good

Is the service effective?

Our findings

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People told us they could do what they wanted when they wanted to do it. One person said, "I enjoy being able to get up when I want if I'm not ready to get up and dressed I will tell them."

We saw people were asked for their consent before any support interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent. We observed one person was sat at the table in the dining area for some time after they had eaten lunch. A member of staff told us that the person enjoyed doing that, staff were observed talking to this person throughout the afternoon.

The Mental Capacity Assessment 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection one person was subject to DoLS. The discussions we had with the registered manager informed us that further applications had been submitted and awaiting decisions.

Staff we spoke with were able to give us an overview of the MCA and how they assisted and encouraged people to make choices and decisions. For example, choice of clothes and meals and what activities they would like to participate in. Staff said they used many ways to assist people to make their own decisions which included verbal communication and giving people time to respond. Staff we spoke with confirmed they had received training on the MCA and DoLS and our review of records confirmed this.

Care plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, telecare equipment for bed sensors and equipment had been assessed and agreed in people's best interests.

Records showed arrangements were in place to ensure people had access to external health professionals to make sure their health needs were met. We saw visits to or from services including GPs, dieticians and opticians. One person who used the service told us, "I see the GP when I need to, they make sure of that." One relative told us, "[Name of person] sees the GP regularly and the registered manager lets me know what's going on all the time, I don't need to ask."

In the PIR the provider told us, The dining area offers a dining experience to meet individual's needs, taste or preferences. If an individual wants to eat/spend time in their own room they do'.

People had care plans in relation to their preferred food and drink, and details of any dietary requirements were included. Information about allergies were clearly recorded. We saw food and drinks were available for people throughout the day and we observed staff encouraged people to eat, drink and have snacks to maintain their hydration and nutritional needs. There was a snacks tray in the entrance to the lounge and dining area with various snacks for people to be able to choose themselves. Staff told us this meant people could be independent and just go and get snacks when they wanted to.

We looked at the menus and could see two meal options were offered daily. The menus were available in the dining room to enable people to make menu choices. The staff were observed walking round showing each person with the choices of the day on individual plates and asking them which they would prefer.

Staff told us menus were put together based on the known likes and dislikes of people who used the service. We looked at the menus and saw there were a good variety of options available for people. On the day of our visit some people chose to eat in the lounge. We saw they given assistance, if they required this.

We looked at staff training records which showed staff had completed a range of training sessions. One staff member said, "We get a lot of training here it's great." The training record showed staff were up to date with their required training and updates were booked to ensure staff practice remained up to date. Training included: medication, food safety, dignity in care, dementia awareness, infection control, safeguarding awareness and mental capacity.

Staff said they received one to one supervision. The staff had all received an appraisal in December 2015. Staff said they found the supervisions useful in supporting them in their role. One staff member said, "My manager is so supportive so I enjoy my supervisions, I have a chance to talk about how I have been doing."

Good

Is the service caring?

Our findings

People and their relatives gave positive feedback when asked whether the staff were caring. One person said, "I love it here. The staff are fantastic." Another person told us, "Nicest place I have been, staff are so kind they let me do my own thing but I know the staff are there when I need them." A relative of a person who used the service told us, "Staff always make us feel welcome, feel part of the family here I have no concerns about the staff only praise."

Without exception all the interactions we saw between people and staff were undertaken in a kind, caring manner. At no time did we see any interaction being limited to the carrying out of tasks but rather we saw staff took opportunities to connect with people and their relatives and took the time to talk with people.

We observed there was a relaxed and informal atmosphere in the home on the day of our inspection. We saw staff were friendly in their interactions with people and gave people help when they needed it. People who used the service said they were treated very well and were relaxed when speaking with staff. One person told us, "They support me when I need it." Staff we spoke with were able to tell us about the care and support needs of individual people. We saw people looked well presented in clean clothes and with evidence personal care had been attended to.

Staff we spoke with said they provided very good care and gave examples of how they ensured people's privacy and dignity were respected. Staff were trained in privacy, dignity and respect during their induction. Staff could describe the ways they cared for people, which included specific moving and handling needs as well as social and personal care needs.

People were comfortable in their environment. Rooms were decorated to individual taste and people could choose what items to keep there. People had their own furniture and some had notices on the door which outlined their preference relating to the opening or closing of their door and any requests regarding knocking before entry. We observed staff throughout the day knocking on people's doors and adhering to these preferences.

In the PIR the provider told us they provided a caring service by having, 'Personalised care plans formulated around choices and wishes'.
Care plans we looked at contained information about people's preferences, interests, social lives and work histories. We saw information was recorded in a way which would assist staff in developing caring relationships with people. People and their relatives were involved and throughout the care planning. One relative told us, "I am fully involved in my mum's care."

Good

Is the service responsive?

Our findings

People gave us many examples of how the service responded to their needs. They said staff listened to them and supported them to be as independent as possible. One person said, "I know what I can do for myself and the staff are aware of this also. They will not do anything for me that I can do myself." A visiting relative said, "They [staff] do a lot with them. I came in last week and they had school kids in singing." Another relative said, "The other day they had music and pictures from the war it was brilliant just what [name of person] enjoys doing."

People told us there were many varied and interesting things to do at Primrose Court, and the activities co-ordinator planned a seven day programme of activities. This included games, baking, and film nights, interactive Ipad and singalongs for each week. On the day of our inspection the activities co-ordinator had arranged a person who was well known to people in the home. One person told us, "[Name of person] is brilliant we always look forward to [Name of person] coming." In the morning of the inspection we observed six people baking buns that were decorated with easter eggs. We later saw people eating these in the afternoon with a drink in the lounge.

We spoke to the activity co-ordinator who told us about some of the activities they provided at Primrose Court. These included, hand bell ringers, artefacts museum (artefacts brought for people to feel and touch from Horsforth museum), holy communion held every month, Pippin the pet dog, knit and natter group every Tuesday, musical movement and bingo. The home also had visits from the Wharfedale male choir, dance groups, clothes sale and a library service. The activity co-ordinator completed comprehensive notes from all activities and discussions with people in the home. The registered manager assessed people and their relative's satisfaction with the activities in the home. Everyone we spoke to told us that the activities and entertainment held in the home was outstanding. People's relatives said they had never seen anything like it anywhere else. There were extensive amounts of pictures from various activities in and outside the home that had taken place. These were also used as part of a memory game for people to discuss past and present activities. The home had on going forum meetings with people to discuss what new activities they would like to do. We saw through the activity programme where individual activities had been tailored round a person who had a pet prior to coming to the home; A dog called Pippin was brought to the home for people to pat and interact with. One person told us they used to have a dog but were unable to look after it. He said "it's like having my own dog but I don't have to clean all the mess up. I couldn't be happier."

We spoke to people about the interactive iPad which was linked to a big screen in the lounge. People spoke of virtual cruises where places of interest had been displayed on the screen through the iPad. One person told us, "This is fantastic for me as I used to travel around the world; it's nice to see all the places I have been and remember the good times I had there." Another person told us, "It is so important for me to be stimulated as I would get fed up if I wasn't. There is no chance of it here, I am kept busy all the time it is great." The iPad was also used for virtual walks portrayed on the screen. People were observed choosing where they would like to go, one person chose Otley and a discussion held by the activities co-ordinator and staff with people, around their memories of Otley and what this meant to them. Staff were observed actively listening and taking an interest in what people were saying throughout each of the activities.

In the PIR the provider told us, 'Care plans are centred around the individual's holistic care with full involvement of the individual/representatives where possible. Advocate sought if required Care plans are reviewed regularly or as needs change. The homes activity coordinator and staff work with individuals/representatives to find out what the individual likes or used to like. Use life history for direction. Talk with individual/representative to ensure a person centred approach'.

We saw a lot of evidence of people's continued involvement in planning their care. People and their relatives had signed to indicate this, along with agreements about going into the community and specific activities in and out of the home. People and their relatives told us they were involved in the care plans. Information was easy to locate in the care plan including details of admission, reasons for admission and underlying health issues which were located in a pre-admission assessment. Each care plan contained 'My life story' which gave a detailed and personal biography of the person. This included likes and dislikes and hobbies and interests, these generated a number of specific care plans, which were person centred, detailed and specific. For example one person had several falls and had a specific plan in place including bed and chair sensors and crash mats.

The home had received many compliments from people and their relatives. One of these included a written compliment from the district nurse from the pressure ulcer panel team; 'congratulations about the excellent pressure ulcer care and management. The panel were particularly impressed that you have such a good working relationship and communication with us'. A relative sent a written compliment to all the staff which said, 'Professional, caring and friendly, without exception stars. Primrose is a haven for my mum'. Another relative had sent a written compliment to the home which said, 'My wife is in a happy state of Alzheimer's at Primrose'.

In the PIR the provider told us, 'Complaints are seen as an opportunity to improve our service further. Complaints folder to record issues, analyse trends and make improvements'.

People told us they would talk to staff or management if they had any concerns. One person told us, "I know where to go if I have a problem but I do not have any concerns. It would be nice if all homes were like this." Relatives we spoke with said they had no concerns about the service. One relative told us, "I couldn't be happier that [name of person] is here, I will be putting my name down."

We saw information about 'how to make a complaint' was displayed in the home. The registered manager told us people's comments and complaints were fully investigated and resolved where possible to their satisfaction. We saw previous complaints had been resolved and actioned in accordance with the provider's complaints policy. Acknowledgement to the person was also completed in writing. The registered manager told us they had no ongoing complaints at the time of the inspection.

Good

Is the service well-led?

Our findings

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

Our discussions with people who used the service and our observations during our inspection showed there was a very positive culture and atmosphere in the home and staff were familiar with the people's needs and interests. One staff member said, "The managers are great. They are all helpful all the management team." Another staff member told us, "Very supportive they help if we are short staffed." One visiting relative told us, "The manager is very proactive; you can sit and talk to her about anything and you know it will be sorted out."

Staff meetings had been held throughout the year. However these had not been a regular occurrence. The registered manager told us these meetings were now taking place every three months. We saw the next meeting was booked for the end of March 2016. The previous meeting in November 2015 included discussions around people who used the service, care plans, key workers and training. The registered manager told us the service had 'huddle' meetings which were used when the registered manager needed to cascade information to staff at the same time. Staff said they were aware of the staff and huddle meetings and found these valuable.

In the PIR the provider told us, 'Managers walk arounds provide observations of staff performing their roles effectively and give opportunity for customer feedback on service delivery. Improvement by learning from complaints, errors, incidents. Using these experiences and sharing with others within service.'

People who used the service and their relatives told us they knew who the registered manager was and saw them regularly in all areas of the home. People told us they were consulted in how the service was run. They had opportunity to attend meetings to give and receive feedback and they completed an annual survey. We looked at the minutes of recent meetings in January 2016 and saw a varied agenda which had driven a meaningful conversation with people. We saw people had been told about changes affecting the service, asked for suggestions for activities and given opportunity to give feedback about daily life in the home.

The registered provider sent out annual satisfaction surveys for people who used the service and their relatives. These were collated and analysed to see if people were satisfied with the service. We looked at the results of the last surveys in 2016. These showed a very good degree of satisfaction with the service. Overall satisfaction from people living at the home was 100%. Some of the comments from this survey included, 'I think the home is very good, and 'Everything is good at my Anchor home'. The registered manager said any suggestions made through the use of future surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted.

In the PIR the provider told us, 'Audits in place to track patterns, such as falls, Medication audits, accident/incidents logged onto a central computer system for ourselves and Anchor support services to monitor/audit.'

We were told the district manager visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said the regional manager spoke with people who used the service, staff and the registered manager during these visits. We looked at the records of these visits and saw they took place monthly and included recent audit of care records, staff training and medication. Discussions around frequency of staff meetings were highlighted in this report. Action plans had been developed from the visits and the registered manager was aware of these and the actions needed to improve the service.
The registered manager told us there was a system of a continuous audit in place. These included audits on care plans, falls, medication, health and safety, dignity, cleanliness and the premises. We saw documentary evidence that these took place at regular intervals and any issues were identified and then included in an action plan. We spoke to the registered manager who told us they had appointed another member of staff to work on the afternoon due to recent audits on falls. The registered manager analysed the falls records which showed a higher number of falls in the afternoon. This meant the registered manager was responding to people's needs and ensuring ongoing improvements in the service

Staff we spoke with confirmed if any incidents occurred within the service this information was shared in meetings to ensure lessons were learnt to prevent re-occurrence. The provider had informed CQC about events that had occurred within the home through the notifications system.