

Gradestone Limited

Primrose Care Home

Inspection report

62 Station Road
Hetton-le-Hole
Houghton Le Spring
Tyne and Wear
DH5 0AT

Tel: 01915172496

Date of inspection visit:
06 February 2017
15 February 2017
20 February 2017

Date of publication:
31 March 2017

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?

Requires Improvement ●

Summary of findings

Overall summary

Primrose Care Home is a residential care home for 20 older people, some of whom are living with dementia. The home is over two floors with a communal lounge, conservatory and dining room located downstairs. There were 18 people using the service when we inspected.

At the last inspection on 9 and 18 February 2016, the service was rated Good. At this inspection we found the service remained Good.

At the last inspection we asked the provider to make improvements to care plans. We found this action had been completed. Care plans were personalised and provided information about the care each person required. They had also been evaluated to help keep them up to date. People's needs had been assessed.

Improvements had been made to falls monitoring and other audits were being completed.

During this inspection we found the provider did not have a process for reviewing food and fluid charts. We have made a recommendation about this. Care plan audit records were not available during the inspection.

The home had a registered manager. People, relatives and care workers gave us positive feedback about the registered manager.

People and relatives said they received good care. They told us care workers were kind, considerate and treated them with dignity and respect.

People, relatives and care workers confirmed the home was a safe place to live. Care workers understood the importance of safeguarding people and knew how to use the whistle blowing procedure if required. Care workers confirmed they had not needed to use the procedure previously. Medicines were managed appropriately.

There were enough care workers on duty to meet people's needs. Some relatives told us they felt night time staffing levels were insufficient. We carried out an out of hours inspection check on the staffing levels. We found care workers were usually able to meet people's needs quickly. Care workers told us night time staffing levels were fine and the registered manager sought their views regularly. Health and safety checks were carried out regularly.

Care workers told us they received good support and had completed the training they needed. Records confirmed supervisions, appraisals and essential training were up to date. People were supported to meet their nutritional needs and to access the healthcare they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had opportunities to participate in activities. These included outings to the garden centre, shopping, Beamish Museum and the beach. Where people chose not to take part their decision was respected.

Regular residents' meetings took place and people had been consulted to gather their views about the home.

People and relatives told us they knew how to complain but did not have any concerns. One complaint had been received which had been fully investigated and resolved.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service was responsive.</p> <p>Improvements had been made to make care plans more personalised.</p> <p>A range of activities were provided for people to take part in if they wanted to.</p> <p>People knew how to complain. Complaints were investigated and resolved.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>The provider did not monitor food and fluid charts.</p> <p>Other quality assurance checks were carried out.</p> <p>There was a registered manager. People gave us good feedback about the registered manager.</p>	<p>Requires Improvement ●</p>

Primrose Care 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 was a comprehensive inspection. The inspection took place on 6, 15 and 20 February 2017 and all three visits were unannounced.

One adult social care inspector and an expert-by-experience carried out the inspection. 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 we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service.

The provider completed a provider information return (PIR) prior to the inspection. 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 spoke with five people living at the home and three relatives. We also spoke with the registered manager, a senior care assistant, two care assistants, a cook and a domestic staff member. We looked at a range of records which included the care records for four people and medicines records for 16 people. We also looked at a range of other records related to the running of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed over the lunchtime to help us determine whether people received the support they needed with eating and drinking.

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person said, "I feel quite safe enough, I have a door of my own." Another person told us, "Yes (feel safe), I have support from the staff. I have my own room." A third person commented, "Yes definitely (feels safe) first of all no one can get in, they need a code to get in, and not only that I can go to bed content."

One relative said, "You feel [people] are secure here. [My family member] was on their own until two to three years ago, we realised [my family member] needed care. It's been quite good with security and they normally give us a ring if there's anything we need to know. The building is secure and walking aids are now in place. [My family member] is independent and likes to help make sandwiches. There is always someone around and I like to feel it's comfortable, safe and approachable. It's a fantastic choice for us."

People and relatives said care workers were fair and treated everyone equally. One person told us, "They don't make anyone better than any other, they're very nice here." Another person said, "Everyone's equal I would think." One relative commented, "(There are) no problem's there, [my family member] tends to wait their turn, [my family member] feels others need help before them." Another relative said, "(Treated equally) yes I think so."

Care workers had a good understanding of safeguarding and the provider's whistle blowing procedure. They knew how to report concerns and confirmed they did not have any concerns about people's safety. Previous safeguarding concerns had been referred to the local authority safeguarding team as required. Action had been taken to keep people safe including disciplinary procedures where required.

The provider had systems in place for the safe management of medicines. Staff completed relevant training and had their competency checked periodically. Medicine administration records (MARs) were accurate and medicines were stored securely. People confirmed they received their medicines when they were due. One person commented, "Yes I do take my tablets." Another person said, "Yes I get them morning and teatime."

People and relatives told us they felt there were enough care workers on duty during the day. One person commented, "I think there's enough." One relative said, "Yes seems to be (enough), [family member] needs a lot of prompting." Another relative told us, "There are always people (care workers) on hand."

Some relatives said night time staffing levels were insufficient. One relative commented, "I only see them (staffing levels) during the day and there's enough staff. [Family member] tends to think they need one further staff member on night duty, more than happy during the day." Another relative commented, "There should be more night staff." Relatives went on to tell us about two specific incidents where care workers had found difficulty managing the situation. We are looking into these issues separate from this inspection.

We carried out an unannounced night time visit between 8.30pm and 10.15pm to speak with the night staff and carry out observations. We found there were two senior care workers on duty. Most people were in their own rooms asleep. Care workers told us this was their preference. Three people had chosen to stay up and

this was respected. Both care workers confirmed independently that they felt there were enough staff on duty. They said if they needed help another staff member was on-call and could be at the home within minutes. They confirmed this had never been required. The care workers went on to tell us the registered manager regularly reviewed night time staffing levels and asked them for their views on this. We observed that people were supervised appropriately and when they called for assistance care workers were able to respond straightaway.

Most people and relatives confirmed care workers responded quickly if people needed assistance. One person said, "I just have to ring a bell and someone comes up, they're very reliable." One relative commented, "If [my family member] presses the buzzer they come very quickly, they're good like that." Another relative told us, "If you ring buzzer they're there straightaway."

Regular health and safety checks and risk assessments were carried out to help keep the premises safe for people. These were up to date when we inspected the home. We noted care workers were always present in communal areas to check people were safe.

Is the service effective?

Our findings

Care workers were well supported and received the training they needed. Care workers told us they received good support from their managers. One care worker commented, "I am very supported by the manager and seniors. I can go to them anytime if I need support with anything." Another care worker told us, "I definitely feel supported." A third care worker said, "We can always go to [registered manager] or the owner. I know [registered manager] is there and she would sort it out." Records viewed during the inspection confirmed supervisions, appraisals and essential training were up to date. Essential training for all staff included moving and handling, infection control, first aid and fire safety.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations had been approved for 14 out of 18 people. The remaining four people had capacity and were able to give their consent to their admission to the home. Care workers understood the MCA and knew how to support people with making choices and decisions. For example, supporting people to choose the clothes they wanted to wear by showing them items of clothing to pick from.

People and relatives gave us positive feedback about the meals provided at the home. One person commented, "I get plenty to eat." One relative said, "Definitely enough to eat and drink. [My family member] thinks the cook is fantastic." Another relative told us, "Definitely, I'm moving in here for the food they get. [Family member] is a good eater. There are always nice cakes." A third relative commented, "There is more than enough to eat and drink."

Lunchtime was carried over two sittings; the first sitting was for people requiring assistance which meant care staff could provide this assistance without interruption. Tables were nicely set with cutlery, condiments and folded serviettes. People were assisted in line with their individual needs. This ranged from prompts and encouragement to practical assistance. Where people required altered textures or specialist diets, these were provided as needed.

People were supported to access health care services when required. Relatives confirmed they were kept informed about their family member's health and wellbeing. One relative said, "Yes as far as I know they're good at keeping us informed. [Family member] had a chest infection and the doctor was there straightaway." Care records showed people had access to health care professionals when needed. For example, one person had been referred to a GP and a specialist consultant due to experiencing significant weight loss. Other professionals included community nurses, a nurse practitioner, occupational therapists and opticians.

Is the service caring?

Our findings

People gave us consistently positive views about their care. One person commented, "For me I'd put this second to none. This is really good, in fact to tell you the truth they can't do enough for you."

People were cared for by care workers who knew their needs well. One relative told us, "They know [family member's] life story." Another relative said care workers were "always asking for suggestions" about their family member's care. A third relative told us, "When [my family member] first came in [family member] was upset. They are able to calm them down or divert to something else."

We observed positive relationships between people and care workers. Care workers were attentive and offered people assistance when required. People responded by voicing their appreciation for the care workers caring for them. We overheard one person comment, "They are all nice girls that work in here. She's my favourite." Another person said, "These girls are really good."

People said they were listened to and supported to make choices. One person commented, "When I moved rooms they listened to the fact I couldn't get any sleep and organised a change of room." Another person told us, "If you just say something they take an interest in you." A third person said, "They know I like to be on my own, I can't get out at the moment due to the weather."

People's rooms were personalised with soft furnishings they had chosen and their personal belongings, such as pictures and photos. For example, one person liked the colour purple and had chosen a purple carpet for their room.

Care workers were kind and treated people with dignity and respect. One person said, "They're good with me, I think it's with me being old." One relative commented, "They just treat [family member] as normal, not patronising just gets everything [family member] wants. They're very good like that." Another relative said, "Yes (treated with respect), in fact they're lovely with them." A third relative told us, "(Care workers) treat them really well, treat them all the same, like ordinary human beings. They try to give them choices."

People were supported to be as independent as possible depending on their needs. One relative said, "When [family member] first came they were independent so they helped with making sandwiches, let them get involved. They recognised that to keep [family member's] independence." Another relative commented, "Of course [family member] is totally independent." A third relative told us, "I think they do as much as they can."

Is the service responsive?

Our findings

During our last inspection in February 2016 we found the provider had breached a regulation relating to person centred care planning. This was because some care plans had not been kept up to date with people's changing needs. During this inspection we found improvements had been made to improve the quality of people's support plans.

People's care plans had been updated and re-written since our last inspection. The care plans we viewed now contained personalised information about the care each person required. For example, we viewed the support plan for one person who had difficulties with communication. This gave detailed information about how the person communicated and guidance about the most effective strategies for staff to use when speaking with the person. For instance, staff need to repeat questions and allow the person enough time to process the information and respond. The support plans went on to give suggestions about topics to use when initiating conversation with the person. These were focused around the person's personal interests which included cooking, singing, dancing and family members. Care plans had been evaluated regularly to help keep them up to date with people's current needs.

People's needs had been assessed to help ensure they received care that met their individual needs. Care records contained background information about each person and a life history with details of their early years, employment and significant events in their lives. People's preferences were also recorded, such as food likes and dislikes and preferred routines. This provided care workers with information to help them develop a better understanding of people's needs.

There were regular activities available for people to take part in. One relative told us their family member had been to the "garden centre, a local school, day outings, shopping, Beamish, the beach, Christmas Shopping and a Christmas Party". We observed activities were on-going when we inspected with most people taking part. Some people chose not to take part and their decision was respected. One relative commented their family member did not take part in activities but said "that's [my family member's] choice".

There were opportunities for people and relatives to share their views about the home. One person said, "I can have my say." One relative told us, "We usually get a newsletter." Another relative said, "We receive questionnaires." Regular residents' meetings took place. Previous minutes showed that people had given their views about particular aspects of their care, such as activities and meals.

People and relatives were aware of the complaints procedure and knew how to raise concerns. One person commented, "If I had any complaints I would just tell the manager." Another person said, "I would go through the boss." One relative said, "The manager has told us what we would need to do." Another relative told us, "If I have a complaint I just give it to the other carers."

There had been one previous complaint received about the service. Records confirmed this had been fully investigated and action taken to resolve the matter. Action taken included carrying out a specific

supervision with the care worker and a meeting held with relatives to review the complaint.

Is the service well-led?

Our findings

The registered manager told us all care plans had been audited to identify where they needed to be improved. When we asked to view these audits during the inspection they could not be located. Following our visits to the home the registered manager provided us with examples of the completed audits.

Where people were at risk of poor nutrition, care workers kept record of their daily food and fluid intake. We found these records were completed consistently each day. However, the provider did not periodically review or audit these records to identify any issues relating to people's nutrition. This meant there was an increased risk that some people might not receive appropriate support to ensure they had enough to eat and drink.

We recommend the service considers current guidance on monitoring nutritional intake for older people and takes action to update their practice accordingly.

Since our last inspection the provider had improved the systems in place to monitor falls in the home. This included collecting more meaningful information about when and where falls were taking place. We also found other audits were being carried out to check on the quality of people's care. For example, a kitchen audit and an audit of people's weights.

Following a Clinical Commissioning Group (CCG) review of the service in June 2016, the provider had developed an action plan for the home. This included actions to develop life histories for each person, improvements to care plans and improvements to the monitoring of falls in the home. We saw these actions had been completed when we reviewed people's care records.

People and family members had been sent questionnaires in May 2016 to gather their views about the home. These had been analysed and a report and action plan produced. Feedback had been positive with most people stating they received good care. For example, nine out of 11 people answered 'very good' when asked whether care workers were courteous, respectful and offered help when asked. All 11 people confirmed they were supported to make choices, such as what to wear, when to get up and when to go to bed. Relatives gave similarly positive feedback. Actions had been identified from the consultation which included improvements to the home's décor.

The home had an established 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.

People and relatives described the registered manager as approachable. One person told us, "(The registered manager is) very nice. If you want to talk she'll talk to you and if you want to know something she'll sit and talk to you. She's very nice." Another person commented, "I like her, the manager." One relative said, "Very (approachable), the manager is a nice lass." Another relative said, "She's good, I have no fault

with the home whatsoever, they sorted it out." A third relative commented the registered manager was "always on the floor or I can just go up to her office". A fourth relative said, "Very (approachable), she rings me up. If she's there I'll go and chat to her. She offers me a cup of tea."

Care workers also gave us positive feedback about the registered manager. Regular staff meetings were held which allowed care workers the opportunity to share their views about the home.