

Primrose Court Care Limited

Primrose Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Primrose Court Care Home is a care home that was providing personal care to 17 older people and people living with a dementia at the time of the inspection. It can provide care for up to 20 people.

People's experience of using this service: We identified two ongoing breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to the premises and equipment cleanliness, a lack of notifications to CQC and ineffective quality assurance processes.

Medicines were managed. Risks to people were assessed and action was taken to address them. Staffing levels were safe and the provider had robust recruitment processes.

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. Staff received regular training, supervision and appraisal.

People received kind and caring support. Staff treated people with dignity and respect. Relatives spoke positively about the service.

Staff provided person-centred care. People were supported to access activities they enjoyed. The provider had an effective complaints process.

Feedback was sought and acted on. The service had formed community links that benefited people living there.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires improvement (Report published June 2018). This service has been rated requires improvement in the last three inspections.

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Primrose Court 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: An inspector and assistant inspector carried out this inspection.

Service and service type: Primrose Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is divided into two units. One unit supports older people and the other unit supports people living with a dementia.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: The inspection was unannounced.

What we did: Before our inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider was not asked to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Primrose Court Care Home.

During our inspection we spoke with four people who used the service and two relatives. People living at the service were not always able to communicate with us verbally. 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 looked at three care plans, three medicine administration records (MARs) and handover sheets. We spoke with seven members of staff, including the registered manager, the deputy manager, the cook, domestic and support staff. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Preventing and controlling infection

- At the last inspection people were not protected against the risks associated with unsafe premises as effective health and safety checks were not in place. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements to health and safety checks had been made at this inspection but the premises and equipment were not always clean and tidy which meant the provider was still not meeting the regulation.
- Table cloths in the dining room had a visible build-up of dirt. Items were inappropriately stored on radiators.
- Items such as nightwear, flower vases and disposable commodes were left in bathrooms. This meant they could not be effectively cleaned.
- A shower chair had a loose seat, which meant it could not be cleaned properly and was unsafe to use. After our visit the registered manager said these issues were being addressed.

This failure to ensure the premises were clean and well maintained was a continuing breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Safety checks had improved since our last inspection, and required test and maintenance certificates were in place.
- Risks to people arising out of their health and social needs were assessed and plans put in place to reduce the chances of them occurring.
- Regular checks were made of fire safety equipment and procedures, and fire drills were carried out. Plans were in place to ensure people received a continuity of care in emergency situations.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and people were protected from abuse. Staff said they would not hesitate to report any concerns and were confident action would be taken.

Learning lessons when things go wrong

- Effective systems were in place to monitor accidents and incidents to see if lessons could be learned to help keep people safe. This included seeking guidance from external professionals.

Using medicines safely

- Medicines were managed safely, and people said they received them when needed. One person said, "No problems with medications."

- MARs were completed without unexplained gaps. Topical medicine records were being improved in line with recent advice given by a visiting external professional.

Staffing and recruitment

- Staffing levels were monitored to ensure safe support could be provided. These were based on the level of support people needed, and were regularly reviewed.
- None of the people or relatives we spoke with raised any concerns about staffing levels. Staff spoke positively about them. One member of staff said, "We have enough staff. If people's needs go up they put more staff on."
- The provider's recruitment process minimised the risk of unsuitable staff being employed. This included Disclosure and Barring Service checks and written references being sought.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Some communal areas were in need of redecoration and refurbishment, and plans were in place to complete this.
- Appropriate signage was in place to help people navigate around the building.

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

- An assessment of people's support needs and preferences was carried out before they moved into the service to ensure appropriate support was available. People's needs were regularly reviewed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access external professionals to monitor and promote their health and wellbeing. We saw district nurses visiting people at the service during our inspection.

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the knowledge and skills to provide effective support. One person had support needs that staff had not received training on. We spoke with the registered manager about this, who said it would be reviewed and dealt with immediately.
- An induction process was completed by newly recruited staff. This included meeting people living at the service and reviewing the provider's policies and procedures.
- Supervisions and appraisals were used to review staff knowledge and progress, and to discuss any support needs they had. Staff told us they found these meetings useful.

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

- People received effective support with eating and drinking. Care plans contained information on people's dietary needs and preferences, which were followed.
- People's nutritional health was monitored to ensure they were eating and drinking appropriately.
- People and relatives spoke positively about food at the service. One person said, "Meals are very good." A relative told us, "The food is all okay and what she needs."

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Appropriate applications had been made for DoLS authorisations where needed.
- Care plans contained mental capacity assessments where appropriate. Best interest decisions were in place where people lacked capacity to make decisions for themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about the support they received. Comments included, "I wouldn't improve anything, everything is good" and, "We get well looked after."
- Relatives praised staff at the service and said people were well treated. One relative told us, "They're (staff) so caring and kind."
- Throughout the inspection we saw numerous examples of kind and caring support being delivered. Staff were clearly committed to people's welfare.
- Staff knew the people they were supporting very well. They were able to have enjoyable and meaningful conversations with them.
- People were supported to maintain relationships. For example, staff arranged for ministers of religion to visit people of faith who had poor mobility, so they could continue to worship.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with respect and protected their dignity. One person told us, "They always knock before they come in, they give you that bit of privacy."
- Staff had warm and friendly but professional relationships with people. We saw staff speaking with people respectfully and asking permission before offering support.
- People were supported to maintain and increase their independence. We saw staff encouraging people to do as much as possible for themselves.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged and supported to give feedback on the service and make suggestions for improvements. Records showed that action was taken to act on any suggestions made.
- An annual feedback survey was carried out. This was underway when we inspected, and we saw positive comments on the returns made so far.
- Informal feedback was sought from people and relatives during conversations with staff, and any negative issues raised were passed onto the registered manager to be addressed.
- One person had been supported to access advocacy services. Advocates help to ensure that people's views and preferences are heard.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives said staff provided the support people wanted and needed. A relative told us, "I think if she hadn't been here she wouldn't have lived this long."
- Care plans were person-centred and based on people's assessed needs and preferences. These were regularly reviewed to ensure they continued to meet people's needs.
- For one person we saw information on some specific support needs had not been included in their care plan. We told the registered manager, who said it would be updated immediately.
- Staff were knowledgeable about people's needs and met these in ways people wanted. Staff said they enjoyed talking to people about their lives and experiences.
- Effective handover systems were in place to ensure staff were updated on people's current support needs when they started their shift.
- People were able to access activities they enjoyed. An activities co-ordinator organised a range of activities and spent one-to-one time with people who did not want to take part.
- Staff were able to communicate with people effectively and helped ensure their voices were heard. Easy read documents were available, and staff helped partially sighted people to read.

Improving care quality in response to complaints or concerns

- The provider had effective systems in place to investigate and respond to complaints.
- No complaints had been received since our last inspection, but people and relatives said they knew how to raise issues.

End of life care and support

- At the time of our inspection nobody was receiving end of life care, but systems were in place to provide this where needed. This included staff training in end of life care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection the provider did not have effective systems in place to monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider still did not have effective quality assurance systems in place and was still not meeting the regulation.
- The registered manager carried out a range of quality assurance audits, including of care plans, medicines and the environment. However, these had not identified or addressed the issues with the premises or equipment we found.
- Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. Some people at the service were subject to DoLS authorisations. CQC had not received a notification of this as required.

This failure to effectively monitor the service and make required notifications was a continuing breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Staff spoke positively about the leadership provided by the registered manager. Comments included, "[Registered manager] is very approachable" and, "I'd be comfortable asking for support."

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

- Feedback on the service was sought from people, relatives and staff using surveys and meetings. People and relatives said they felt able to raise issues.
- Staff said their feedback was valued.

Continuous learning and improving care; working in partnership with others

- The service had links with various external agencies and groups to improve people's health and wellbeing. These included a nearby dementia café and local churches.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment were not always clean and tidy. Regulation 15(1)(a) and (2).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance and management systems were not always effective. Regulation 17(1).