

Primrose House Ltd

# Primrose House

## 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

Primrose House is a residential care home providing personal and nursing care to up to 65 people. The service provides support to older people, some of whom were living with dementia and people with an enduring mental health condition. At the time of our inspection there were 40 people using the service.

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

People, relatives and staff felt the home had improved since the last inspection. The provider now had a more structured approach to quality assurance (QA); however a small number of audits hadn't been completed consistently. Management reviewed the findings from audits, but the system needed a more in-depth analysis of findings to ensure lessons were learnt and shared. Particularly in relation to incidents, safeguarding concerns and complaints. Medicines were managed well, however records to support staff in their safe use required improvement. We have made a recommendation about this.

Opportunities for people, relatives and staff to share their views had improved. People and relatives gave positive feedback about the care provided. Staff felt morale, teamwork and the atmosphere in the home had improved.

There were enough staff to meet people's needs and new staff were recruited safely. Some relatives felt there had been a lot of staff changes recently. Some staff interacted well with people but this was inconsistent, especially in one particular area of the home.

The home was clean and staff followed the provider's IPC practices. A new system had been implemented to deal with laundry to help prevent the spread of infections.

People were supported to have enough to eat and drink. Changes had been made to improve people's dining experience.

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

Opportunities for people, relatives and staff to share their views had improved.

The quality of people's care plans had improved and were much more personalised. They included information about people's preferences and what they were able to do for themselves.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 December 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At

this inspection we found improvements, however the provider continued to be in breach of regulation 17.

At our last inspection we recommended that the provider reviews how staff were deployed. At this inspection we found this had been completed and improvements made.

#### Enforcement

We have identified a continued breach in relation to medicines records.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will 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 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 House

## 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

An inspector, a medicines inspector, a specialist professional advisor and 2 Experts by Experience carried out this 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.

#### Service and service type

Primrose House 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 House 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

#### During the inspection

We spoke with 9 people who lived at the service and 14 relatives, about their experience of the care they received. We spoke with 10 staff: the regional manager, the registered manager, the operations support manager, the provider's representative, 1 senior care worker and 5 care staff. We received email feedback from 14 staff. We reviewed a range of documents relating to the safety and management of the home. This included 9 medicine administration records with accompanying documentation and 14 care plans. We looked at medicines audits, training records and records associated with the provider's quality monitoring systems.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant 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.

### Using medicines safely

At our last inspection medicines were not managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicine administration records provided assurance that oral medicines were being administered as prescribed. Controlled drugs were stored securely, and we saw evidence of frequent stock checks.
- Records in place did not always assure us topical medicines were applied as prescribed. For example, we found on some occasions the service's electronic system did not differentiate which cream had been applied therefore on the day of inspection there was no contemporaneous record of topical cream application. Whilst on inspection the provider started to action our findings. However, until processes are embedded we were unable to fully assess the effects of the actions taken.
- One resident we looked at received medicines and nutrition via a Percutaneous Endoscopic Gastronomy (PEG). Care plans were in place, and we found these were followed.
- Care plans were in place and contained person specific information, however we identified some areas that required updating and this was actioned immediately by the service.
- Guidance for staff to support the use of when required medicines were in place and contained detailed person specific information.
- Audits were taking place regularly on all of the units. Whilst the audits were identifying some issues, they had not identified the issues we found whilst on inspection.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure staff followed safe infection control policies. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- 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.
- The provider followed Government guidance relating to visiting care homes. There were currently no restrictions on visiting.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to fully assess, mitigate or monitor risks relating to choking, fire, and health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had improved the systems for assessing and managing potential risks to people's safety. They had implemented the recommendations from the Fire Safety inspection, which took place shortly after our last visit.
- Care plans for people diagnosed with type 2 diabetes did not accurately reflect their needs. These were reviewed immediately and updated on the day of our first visit.
- The quality of records relating to health and safety checks was not always consistent. Some areas had been marked as a defect but with no explanation as to what the issue was, and individual action plans weren't consistently updated or signed off as complete.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the previous manager had not completed records intended to monitor incidents and improve the quality of care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had appropriate systems to help protect people from the risk abuse and learn lessons. Safeguarding concerns had been referred to the local authority, investigated and recommendations acted on.
- People and relatives told us they felt Primrose House was safe. A person said, "The carers look after me well and that makes me feel safe." A relative said, "I think [person] is very safe there. They look after [person] well and it's great peace of mind for [person]."
- Staff confirmed they knew about the whistle blowing procedure and felt confident to raise concerns, if needed. A staff member told us, "I would raise concerns [if needed]. I am here for the residents not the staff."



- Incidents and accidents were investigated, and actions implemented to help keep people safe.

#### Staffing and recruitment

- There were sufficient staff on duty to meet people's needs. The registered manager monitored staffing levels to help ensure they remained at a suitable level.
- People confirmed staff responded well to their requests for assistance. People commented, "I need 2 carers to get me in my wheelchair and there are always 2 staff available" and "Staff are on the ball, here. If someone shouts for help, they don't need to shout twice. Staff are right there."
- Most relatives felt there had been a lot of staff changes recently, with some new staff being better than others. This was due to the recent on-going recruitment of new staff.
- The use of agency nursing staff had reduced with the provider's own staff covering most shifts. A staff member commented, "It is very safe because of the staffing levels we have now, agency has reduced." Where agency staff were being used, these were regular staff who knew the home and residents.
- New staff were recruited safely.

# 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 has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection people did not have appropriate care plans in place and staff were not following plans to effectively support them. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs had been assessed to identify the care they wanted and needed. This included opportunities to discuss religious and cultural needs.
- Our last inspection found staff did not have access to accurate care plans, which meant people's needs were not always met. This had improved as the provider had been reviewing care plans with support from health professionals.

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

At our last inspection people did not always have their assessed dietary needs followed. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Improvements had been made to ensure people received the correct support with eating and drinking.
- People gave positive feedback about the meals they had at Primrose House. A person commented, "The food's very good. I have porridge for breakfast, but I could have eggs and bacon if I wanted it. Friday is fish and chips. There's a tea trolley comes round every morning and afternoon."

Staff support: induction, training, skills and experience

- Staff were well supported and received the training they needed. Most staff had received an initial 1 to 1 supervision session. Further dates were planned, as well as dates to carry out a formal appraisal.
- An induction pack had been developed for all staff, including agency staff.
- Most staff confirmed they received good support. A Staff member commented, "We get a lot of help and

support. The support is excellent."

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

- The provider worked with partner agencies to improve the care provided at the home. Feedback from partnership agencies suggested progress was being made but needed more time to be fully embedded.
- People's care records included advice and guidance from visiting health and social professionals. This included opticians, dietitians and speech and language therapists.
- People and relatives confirmed people had access to healthcare services, if needed. A person told us, "If I needed a doctor, staff would be straight there, calling for one. They are always checking to make sure I'm alright." A relative said, "There are a couple of great doctors. The home know [person] is very ill and they are really good at picking up on problems."

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

- Although the home was suitable for the needs of the people living there, redecoration was still required and further enhancements to make the home more dementia friendly. Relatives commented, "The whole place could do with a lick of paint" and "The whole place needs a good refurb".
- People were in the process of receiving new bedroom furniture. People had personalised their rooms with items they had brought into the home with them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was following the requirements of the MCA. DoLS authorisation had been approved for relevant people.
- Where people had capacity to make their own decisions, staff supported them to make daily living choices. A person said, "I always make my own mind up about when to get up and when to go to bed."

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection people did not receive care in a person-centred, caring and dignified way. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were well supported, and staff promoted their privacy and dignity. People and relatives gave positive feedback about the care provided. A person told us, "Staff help you no end. They are caring, kind and always asking if there is anything I need."
- Staff treated people with dignity and respect. There were many positive interactions between people and staff. Staff were patient and understanding and did not rush people. However, this was not consistent throughout the home and could be improved.
- People were supported to be as independent as possible. A person said, "I have [health condition] so there are lots of things I can't do for myself now, but I do try to keep my independence. I know that staff are with me when I want to do things for myself, just to keep me safe."

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

- Staff supported people to make decisions about their care, such as when to go to bed, meal and clothes choices. A person told us, "I always make my own mind up about when to get up and when to go to bed."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection people did not have access to meaningful activities and were not supported to maintain relationships. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had more opportunities to maintain relationships and participate in activities. Activities were on-going during our visits to the home.
- Most people and relatives told us they were satisfied with the activities offered. A person commented, "I like doing jigsaw puzzles very much. We have a singsong quite often and a dance with staff. Sometimes we play bingo or have a chat." A relative told us, "[Staff member] has brought in lots of new activities and [person] has even joined the gardening club."

Improving care quality in response to complaints or concerns

At our last inspection quality and assurance systems were not used effectively to monitor and analyse concerns and complaints. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had a formal complaints procedure. Complaints had been logged and investigated in line with this procedure.
- People knew how to make a complaint but said they hadn't needed to do so. A person told us, "I've never needed to make a complaint, but I would go to the Manager if I had a problem."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was planned around people's individual needs. Care plans had been reviewed and updated so they contained more person-centred information.

- Care plans were being reviewed regularly and updated when people's needs changed.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed and specific care plans written.
- The provider could provide information in easy read format, large print and different languages if required.

# 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. The rating for this key question has remained requires improvement.

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

At our last inspection the provider did not have effective systems in place to monitor and improve the quality and safety of the service. The management team and the provider failed to ensure the regulations were being met. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Records in relation to PEG procedures such as flushing and feeds, suggested that sometimes untrained staff members had performed PEG procedures such as flushing and feeds. Information provided to us post inspection demonstrated that this was a regular process undertaken in the service whereby untrained members of staff sometimes completed records for trained staff. Records of care undertaken should be contemporaneous and only be signed by the person completing the care.

The failure to maintain accurate and contemporaneous medicines records was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider now had a more structured and consistent approach to quality assurance. However, some audits, such as health and safety and medicines, had not been successful in ensuring improvements were made and sustained.

- Management were analysing safeguarding concerns, incidents and complaints regularly. Although there was some reflection evident, this lacked depth and questioning of findings to ensure lessons were learnt.

- People gave positive feedback about the management of the home. A person said, "I think the home is well managed, because everything runs smoothly."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff aimed to provide personalised care and to develop a positive atmosphere in the home. A staff member commented, "I think the care that we give at Primrose is person centred and revolves around the individual's needs."

- People also felt there was a good atmosphere in the home. People commented, "The atmosphere is quite

cheerful" and "I think it's good the way [care staff] keep an eye on us."

- People, relatives and most staff said they found the registered manager supportive and approachable. A relative said, "[Registered manager] and [deputy manager] are really good. They have told me they are there for me as well."

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 provider and registered manager understood their responsibilities under the duty of candour.
- Relatives confirmed they were informed about their family member's health and wellbeing. A relative commented, "They phone me about everything. Even if [person] misses a chair or slips they will phone. I have asked them to, and they do any time of day or night."

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

- People and relatives felt opportunities to give their feedback had improved. A relative commented, "They have a family meeting every month now, and a residents' meeting to talk through everything we want to."
- Most staff felt able to share their views and felt listened to. A staff member said, "I have no issues with [registered manager]. I am able to put my point across."

Working in partnership with others

- The management team continued to engage with external stakeholders to address the areas requiring improvement. Progress had been made since the last inspection.



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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There was a failure to maintain accurate and contemporaneous records relating to medicines administration.  Regulation 17(c).