Primula Care Limited

Primrose Lodge Southbourne

Inspection report

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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 visit took place on 4 and 7 December 2015 and was unannounced.

Primrose Lodge is a care home service without nursing and is registered to accommodate up to 27 people.

There was a registered manager in place. 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.

At the last inspection on 14 January 2014 the service was meeting the requirements of the regulations that were inspected at that time.

There were 22 people living at Primrose Lodge at the time of our inspection. People who lived at the home, relatives and friends told us people felt safe and secure with staff to support them. We found people's care and support needs had been assessed before they moved into the home. Care records we looked at contained details of people's preferences, interests, likes and dislikes.

We observed staff interaction with people during our inspection visit, spoke with staff, people who lived at the home and relatives. We found staffing levels and the skills mix of staff were sufficient to meet the needs of people and keep them safe. The recruitment of staff had been undertaken through a thorough process. We found all pre-employment checks that were required had been completed prior to staff commencing work. This was confirmed by talking with staff members.

We observed medicines were being dispensed and administered in a safe manner. The person responsible for administering medicines dealt with one person at a time to minimise risks associated with this process. We discussed training and found any person responsible for administering medicines had received formal medicine training to ensure they were confident and competent to give medicines to people.

People were asked for their consent before care was provided. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported by sufficient numbers of staff who had the knowledge, skills and experience to carry out their role. People told us that there were always staff available to help them when needed. Relatives of people who used the service told us that they visited the home at different times and on different days, and the staff always made them feel welcome. They said that staff were caring and treated people with respect, and that their relative was always comfortable and looked well cared for.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in

their work, motivated and had confidence in the way the service was managed.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people. This took into account their dietary needs and preferences so that their health was promoted and choices respected.

People told us they could speak with staff if they had any worries or concerns and felt confident they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted their independence.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

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.

Risks to people were assessed and reviewed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Arrangements were in place to ensure that medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training and support for their roles and were competent in meeting people's needs.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People enjoyed the food and drinks provided and chose what they ate at mealtimes. Staff monitored people's dietary intake to ensure people's nutritional needs were met.

Is the service caring?

Good

The service was caring.

We saw that members of staff were respectful and understood the importance of promoting people's privacy and dignity.

People who used the service told us they received the care and support in a kind and caring manner.

Visitors were welcomed into the home at any time and offered refreshments.

Is the service responsive?

Good

The service was responsive.

People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

People who used the service were given the opportunity to take part in activities organised both inside and outside of the home.

The home had a complaints procedure. Complaints were recorded and investigated.

Is the service well-led?

Good

The service was well led.

Members of staff told us the registered manager was approachable and supportive and they enjoyed working at the home.

Feedback was sought from people who used the service, staff and others.

There were systems in place for assessing and monitoring the quality of the service provided.

Primrose Lodge Southbourne

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.

This was a comprehensive inspection that took place on 4 and 7 December 2015. The inspection was carried out by one inspector. We spoke with and met ten people living in the home and five visitors.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and received feedback about the service.

We looked at four people's care and support records, an additional four people's care monitoring records and medication administration records and documents about how the service was managed. This included staffing records, audits, meeting minutes, training records, maintenance records and quality assurance records.

We spoke with the registered manager, assistant manager and members of the care staff team, the chef and activities staff.

Good

Is the service safe?

Our findings

All of the people we spoke with told us that they were happy with the care and support they received and felt safe in the home. One person told us, "I haven't lived here very long but I feel safe. I wasn't safe living on my own anymore, I kept falling over and couldn't get up it was terrifying." Another person told us, "I feel safe, the staff are nice". A visitor told us that they felt that their family member was safe at the home. They told us, "When I leave I feel that [person] is safe".

Staff told us they had undergone safeguarding training, and this was confirmed by records. Staff were able to describe the purpose of safeguarding and the signs which might indicate a person had been abused. Staff were clear about their responsibility to report any concerns they might have about people's safety. Staff had access to the provider's safeguarding and whistleblowing polices to provide them with written guidance about the actions they should take in the event a person was at risk from abuse in order to keep them safe.

Most risks to people had been assessed and there were care plans in place to say how these would be managed. For example, people's moving and handling care plans described the number of staff needed to support them safely and the equipment required. One person's care plan stated they were at risk of developing pressure ulcers and they needed a pressure mattress to manage this risk, this had been provided. However we found for one person who had a diagnosis of epilepsy, there was no care plan or risk assessment to inform staff what actions to take should they have a seizure. Another person had a diagnosis of diabetes and we found no care plan in place to manage this condition or actions that staff should take in an emergency. We discussed this with the registered manager who acknowledged this and put the care plans and risk assessments in place, which we then reviewed.

Accidents and incidents were reported and included measures to reduce risks for people. For example, where one person was identified as at risk of falling out of bed. A crash mat was used during the night time to ensure the person's safety and wellbeing.

Staff, people living in the home and relatives told us they felt there were sufficient numbers of suitable staff available to meet people's needs and to promote their safety. The rota reflected there were four staff on duty throughout the day to support people. The registered manager was supernumerary to the rota. In addition, there was the activities co-ordinator, cook and a domestic. The number was reduced at night to two waking night staff. We found agency workers were rarely used at the service.

Recruitment of staff was undertaken to promote people's safety. Application forms recorded the names of two employment referees, proof of identification, a declaration as to whether they had a criminal conviction and the person's employment history. Prior to the person commencing work at the home, checks had been undertaken to ensure that they were suitable to work as a care worker, such as references, a Disclosure and Barring Service (DBS) check. DBS checks identify whether people have committed offences that would prevent them from working in a caring role. Thorough interviews were recorded on an interview form.

The home was well maintained, which also contributed to people's safety. Maintenance and servicing

records were kept up to date. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the passenger lift, call bells, and emergency lighting, was regularly checked and serviced in accordance with the manufacturer's guidelines. The service had a business continuity plan which detailed how emergencies would be addressed. The maintenance person told us all of the required checks had been completed in relation to electrical, gas, water and equipment safety and this was confirmed by records. Processes were in place to ensure the environment was safe for people.

There were processes in place to manage risk from Legionella, which are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records. The manager explained that work had recently taken place to further reduce the risks associated with Legionella.

People received their medicines when they needed them. One person said "Staff give me my medicine. As far as I can tell I get them all when I need them." There were procedures for the safe management and administration of people's medicines. A member of staff safely administered medicines to people. People's medicines were stored securely and they were administered by staff who had received appropriate training. Medicines entering the home from the pharmacy were recorded when received and when administered. This gave a clear audit trail and enabled staff to know what medicines were on the premises.

We checked a sample of stock balances for medicines which required additional secure storage and saw that most of these corresponded with the records maintained. However we did identify some discrepancies with the PRN (as required) medicines. The manager told us that they were aware of this and had fed this back to staff involved following the last audit. This was an area for improvement.

Medicines were stored appropriately in secure lockable cupboards. Some medicines required storage at a low temperature. The provider had a fridge to keep these medicines at the correct temperature. Staff were conducting regular temperature checks to ensure the medicines were kept at the correct temperature.

Staff who managed medicines had been competency assessed to ensure the safe management of medicines. This meant that people living at the home and the provider could be assured that staff had the necessary skills and knowledge to administer medicines safely.

People and visitors told us they were very happy with the way the home was kept clean. One person told us, "My bedroom is cleaned daily." All areas of the home were clean and fresh. The laundry room was organised and clean and dirty clothes were segregated to prevent cross contamination.

We spoke to a member of domestic staff who explained how they kept the home clean, adhering to infection control policies. They explained how they used different coloured mops for cleaning different parts of the home to prevent cross contamination. We saw that the kitchen was clean and well organised. We spoke to the cook who explained how they kept the kitchen clean. The service held a maximum five star rating for food hygiene from Environmental Health, which is the highest rating that can be attained.

Good

Is the service effective?

Our findings

People received care from staff who were appropriately trained. They said staff had the right knowledge, skills and experience to meet their needs. One person told us, "I think the staff are well trained, they do their job really well." A visitor told us, "My mum was in another care home before she came here, we decided to move because we were unhappy with the level of care provided at that home. This home is so much better; you can see mum is really improving here."

It was mandatory for all new staff to complete an induction, which included shadowing experienced members of staff. One member of staff who was in the process of completing their induction told us that they felt fully supported by both their colleagues and the manager. Staff had regular opportunities to refresh their existing knowledge and skills. Staff told us they had or were in the progress of completing various levels of social care diplomas.

All staff received regular supervision and an annual appraisal. These processes gave staff formal support from a senior colleague who reviewed their performance and identified training needs and areas for development. Other opportunities for support were through staff meetings, handover meetings between staff at shift changes and informal discussions with colleagues. Staff told us they felt well supported. They said there was a good sense of teamwork and staff cooperated with each other for the benefit of the people who lived at the home.

We saw staff sought people's consent before they provided care and support. During the medicine round we observed the staff member administering medicines asked a person if they would like to take their medicine. Throughout the inspection we observed staff involving people to make decisions about their care and respecting their decisions. For example, people were given choices on what they wished to eat and drink, or if they wished to participate in an activity.

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 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection a number of people were being restricted under the DoLS. We found the provider had followed the requirements in the DoLS and had submitted applications to the 'Supervisory Body' and these had been approved. Staff spoken with were knowledgeable about the Mental Capacity Act (MCA) 2005 and DoLS and how it worked to ensure any restrictions were lawful and in people's best interests.

People's health care needs were regularly reviewed. The manager told us that people were registered with a

GP who visited them as and when required. We saw evidence which confirmed this. Some people had 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) orders in place. These had been completed by the GP who had involved people and their family members in the decision made.

The home had a menu that changed on a monthly basis. There was a chef who prepared and cooked people's meals. We spoke with the chef who told us that the menu changed in response to people's feedback and this was regularly discussed at resident meetings. They were able to tell us about people's individual dietary needs and preferences, and allergies. For example, they were able to explain how they catered for a person who was underweight.

People had a choice where they ate their meal, for example, in the dining room or their bedroom. People told us that the food was good. The dining room tables were nicely set with table cloths, napkins and condiments. People were offered a choice of drinks, both alcoholic and non-alcoholic with their meals. The food was well presented and looked and smelled appetising. The meal service was pleasant and relaxed with people being given ample time to enjoy their food. Staff also ate their meals with people in the home. We observed the meal service in in the dining room of the home. Staff gently encouraged and supported a person to eat. Drinks and snacks were served periodically throughout the day. Tables were set on each floor of the home with fresh fruit juice and water to enable people to help themselves to drinks throughout the day.

Risk assessments had been carried out to check if people were at risk of malnutrition. People's weights were checked at monthly intervals. For people who were unable to be weighed, the provider measured their upper arm circumference to ascertain their approximate weight.

The home was free from trip hazards and the front garden was readily accessible to people living in the home. A new 'wet room' was in the process of being built so that people could have the choice of a bath or shower. Some people in the home were living with dementia. There was some basic signage in the home, however this could have been improved, in accordance with best practice guidance. For example, there was no signage to the lounges, bedrooms, dining area or gardens to support people with a cognitive impairment to orientate themselves. This was an area for improvement.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. One person described the staff as "Very nice and caring". Another person said, "They are all lovely". A visitor told us that the turnover of staff was very low which benefitted their loved one.

Staff had a good understanding of people's needs, their personal preferences and the way they liked to be cared for. For example, staff knew the activities they enjoyed. People's life histories and personal preferences were recorded in their care plans.

We saw a number of caring interactions throughout the day between staff and the people they supported. People were regularly made more comfortable in their seats and asked if they would like drinks. Staff checked on people regularly to ensure their drinks did not get cold and to ask if they needed anything.

All staff knocked on people's bedroom doors, announced themselves and waited before entering. People's privacy was respected and people were assisted with their personal care needs in a way that respected their dignity. Staff we spoke with were able to give us examples of how they promoted people's privacy and dignity, for example, closing doors and ensuring towels were used to cover people when assisting them with personal care.

Positive relationships between people that lived in the service was encouraged. The manager had recently redesigned the living room of the home so that people could more easily engage with each other. We saw how this had a positive effect on people living in the home. For example, one person required the toilet and another person who was talking with them used the call bell which meant that person had the assistance of a member of staff. We saw that people got on well and were laughing and joking with each other. We observed people referring to the people they lived with as friends.

People were involved in decisions relating to their own care. We observed people being consulted throughout the day and were informed that people were involved daily in what they wanted and needed.

The service supported people to make wishes and choices for their end of life care needs. Records showed that people had advanced care plans in place that detailed how they would like these needs to be met.

Good

Is the service responsive?

Our findings

People we spoke with told us that the staff were responsive to their needs. One person said, "Staff always respond to my call bell very quickly." Another person spoke of activities and how they were looking forward to a trip to the local garden centre for afternoon tea. A visitor told us how much the activities in the home had improved in the recent months.

People had a range of activities to participate in. The home employed a dedicated activities coordinator. There was a list of activities on display in the home. Activities included music and games. During the inspection we observed people having their nails painted and playing a group game. To prevent social isolation, the activity co-ordinator spent one to one time with people who were cared for in their bedrooms. People were encouraged and supported to develop and maintain relationships with people that mattered to them. Visitors told us that they could visit their relatives and were made to feel welcome in the home. We saw that people also had access to a personal computer.

People had their needs assessed by the manager or a senior member of staff before they moved into the service, to establish if their individual needs could be met. Relatives told us they were also asked to contribute information when necessary so that a full picture of the person was provided.

People had individual assessments of needs and care plans in place and the service responded to people's changing needs. For example, if a person was assessed as being at risk of falling out of bed and needed a special bed or a specialist item of equipment then the provider promptly supplied this.

Each person's plan of care had been reviewed monthly or as the person's needs changed. The plans had been updated to reflect these changes to ensure continuity of their care and support. Staff knew about changes because they were kept informed verbally as well as updating the records. Staff told us that there were regular hand overs and time to read the care plans. This enabled the staff to adapt to how they supported people to make sure they provided the most appropriate care.

The service had a complaints procedure. The registered manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues. People we spoke with told us they would feel able to raise a complaint if they needed too, but said they had no complaints about the service. One visitor told us that they did have to raise a complaint on one occasion and it was dealt with to their satisfaction by the home manager. We saw that there was a complaints procedure on display in the main entrance of the home. The home kept copies of compliments received. One relative wrote, "To all the staff at Primrose Lodge. A big thank you for all your kindness and compassion in caring for [person]. It was always a comfort to us that he was being so well looked after and cared for".

The manager explained that when people moved between services, such as any admissions to hospital, records containing their care and support details, photocopied medicine charts and DNAR if applicable was provided.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. 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.
The registered manager was supported by an assistant manager.

Members of staff told us they liked working at the home and the manager, assistant manager were approachable and supportive. One member of staff said, "The manager is very professional and experienced, it's good because it helps me learn too." Other staff told us that the manager and assistant manager were supportive and approachable. Two visitors told us how much the home had improved since the manager had taken over. They explained that activities for people to participate in had improved as well as the facilities and ambience in the home.

Regular staff meetings were held so that staff could discuss issues relevant to their roles. The last staff meeting gave staff opportunities to feedback about the service. Topics also included staff guidance on managing dysphasia which is an impairment in a person's communication. We also saw that training opportunities in managing diabetes and pressure area care were discussed.

Residents meetings were also held. We looked at the minutes of the last meeting in November 2015. Topics included changes to menus and any food requests. We saw that the home was considering getting a pet for people to enjoy and had sought feedback on people's feelings about this. People were asked what type of pet they would like. Suggestions included a cat, dog, rabbit and elephant.

We saw that well managed systems were in place to monitor the quality of the care provided. Internal and external quality checks were completed by both the Nominated Individual and an external organisation. We saw that feedback was provided and action plans put in place to address any lower scoring areas. Other audits included medicine management, care records, incidents, weights, infection control and health and safety. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care.

An annual survey had been completed in September 2015. It included feedback from people and relatives. 17 responses had been received and the feedback was mostly positive. One relative wrote, "My mum is a long term resident. The changes that have happened over the last year are very positive. All staff are very caring and helpful as well as supportive to both mum and me". The manager explained that the responses would be analysed and an action plan put in place to address any lower scoring areas.

Accidents and incidents were recorded, and a monthly analysis was undertaken to identify trends or triggers. We looked at records that showed changes that had been made as a result of some of the accidents that happened. Examples included the use of a crash mat for one person who had fallen out of bed.

The manager submitted statutory notifications to the Care Quality Commission as required. The service worked in partnership with key organisations to support the provision of joined up care. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies.