Primley Housing Association Limited

Primley House

Inspection report

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Paignton
Devon
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 5 and 6 September 2016. The home was previously inspected in February 2014 and was meeting the regulations we looked at.

Primley House was a residential home in Paignton, Devon providing accommodation and care for up to thirty nine people. On the day of our inspection, thirty four people were living at the home. Primley House was a friendly and caring home for older people in the former Georgian Home of the late Herbert Whitley, the founder of Paignton Zoological Gardens. The attractive accommodation consists of two lounges, a large sun lounge overlooking an attractive garden and a spacious dining room overlooking the terrace. In addition there was a library for people to enjoy. People's rooms varied in size and had en-suite facilities.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they were happy and felt well cared for. It was clear to see people were comfortable living at Primley House and really felt at home. People's care was personalised and detailed, and it was evident that staff knew people they were supporting very well. We saw them interacting with kindness and compassion. People and their families described management and staff as caring, respectful and approachable. The families we spoke with had regular contact with the registered manager.

People told us they felt safe, and we found the registered manager had a number of systems and processes in place to promote safety. Staff received training in and understood their responsibilities in safeguarding of vulnerable adults. Staff were knowledgeable about how to recognise and report abuse. We saw risk assessments in place regarding risks associated with people's care. These explained how people's care should be delivered in a safe way and how to reduce any risks involved.

We checked to see if the registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). From discussion with the registered manager it was noted that people using the service had capacity to make decisions and therefore applications to deprive people of their liberty, at this time, were not required. People's care records showed some assessments of people's capacity levels had been carried out but this was an overall assessment of capacity and not decision specific. Where people had the capacity to consent to their care and treatment, the consent was not recorded. Documentation of best interests decisions did not record who had been involved in the decision making process. We made a recommendation that the provider seeks recognised national guidance on the Mental Capacity Act in order to ensure staff support people appropriately and follow this legislation.

Staff had been recruited appropriately to ensure they were suitable to work with vulnerable adults.

Recruitment systems and processes that were in place were robust. We saw references and identity checks were carried out, as well as Disclosure and Barring Service checks. People who lived at the home, families and staff told us there were sufficient numbers of staff on duty at all times.

Staff knew how to meet people's needs. Records showed they had a thorough induction and on going training to help ensure they had the skills and knowledge they needed to provide effective care. We checked to see if staff were receiving regular supervisions, appraisals and checks of their competency to ensure they continued to be effective in their role. Staff records we sampled did not demonstrate that supervisions had been held regularly. However, we were told by staff that they were supported in their roles and had the opportunity to discuss their performance with the registered manager.

We looked at the way in which the home managed people's medicines. Medicines were secured safely and accurate records were maintained. Staff received regular competency assessment checks to ensure the on-going safe management of medicines. Systems were in place to manage medicines so people received their medicines at the right times.

People and their relatives were involved in planning and agreeing how they were cared for and supported. Care was planned to meet people's individual needs, abilities and preferences. The care plans were person centred and contained detailed information, setting out exactly how each person should be supported to ensure their needs were met. Care plans were reviewed regularly.

People told us they were satisfied with the meals. We saw that people were offered a nutritious and balanced diet which met their needs. People had a good choice of food and were served drinks and snacks in-between meals. We observed lunch being served and some people required assistance from staff to eat their meals. This was provided in a caring and unrushed manner.

Risks to people's nutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences. For example, where people had been assessed as being at risk with regards to their nutrition, we saw appropriate referrals were made to Speech and Language Therapy (SALT) and pureed diets were provided.

Staff ensured people obtained advice and support from other health professionals when their health needs changed. We saw care plans included professionals involved in people's care and referrals were made to other professionals when required

People and relatives were asked for their views about the care provided and informed how to make a complaint or raise any concerns. These were acted on and used to make improvements for people's care when required.

The registered manager's quality monitoring system included regular checks of people's care plans, medicines administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence.

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 were being managed and processes were in place to reduce risk of harm.

People were protected by a robust staff recruitment process.

People received their medicines as prescribed and when they needed them. Medicines were ordered, stored and administered safely.

People were protected from abuse by staff who knew how to recognise and report the signs of abuse

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights were not always protected because records showed the principles of the Mental Capacity Act 2005 had not been applied correctly when a decision had been made for them as they were not decision specific. Where people had the capacity to consent to their care and treatment, the consent was not recorded.

People received care from staff that knew people well, and had the knowledge and skills to meet their needs.

Staff received induction, on-going training and support. Staff did not receive regular formal supervision but felt supported in their role.

People were provided with a choice of meals and were supported to maintain a balanced diet and adequate hydration.

People had access to healthcare and were supported to maintain their health by staff who liaised with health professionals effectively and appropriately whilst promoting

peoples' choices and independence.

Is the service caring?

Good

The service was caring.

People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff treated people respectfully, and supported people to maintain their dignity and privacy.

People were given choice and supported to make decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and provided information of how staff should support them.

People were actively encouraged and supported to engage with their community and there was a range of varied activities available within the home.

People and their relatives felt listened to and were confident in expressing any concerns they had.

People were consulted and involved in the running of the service; their views were sought and acted upon.

Is the service well-led?

Good

The service was well led.

People we spoke with felt the manager was supportive and approachable and expressed confidence in the manager to address any concerns raised.

People, their relatives, staff and visiting professionals were extremely positive about the way the home was managed.

People benefited from staff that worked well together and were happy in their roles.

The quality of the service was monitored and the service was

keen to further improve the care and support people received.

Primley House

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 was 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 unannounced inspection took place on the 5 and 6 September 2016 and was conducted by one adult social care inspector. As part of the inspection we reviewed the information we held about the home. We looked at previous inspection reports and other information we held including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We contacted the local authority, Quality and Improvement Team and Healthwatch Devon who provided information about the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we looked around the home and observed the way staff interacted with people. During the inspection we met with people living at the home and spoke with eleven people. We also spoke with six relatives visiting the home. In addition, we spoke with the registered manager, two deputy managers, the chairman of the management committee, the chef, kitchen assistant and seven staff members.

We looked at the care plans, records and daily notes for four people with a range of needs, and sampled a further three records to check specific information. We looked at other policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies, audits and quality assurance reports. We also looked at four staff files to check that the home was operating a full recruitment procedure, comprehensive training and provided regular supervision and appraisal of staff.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at Primley House. One person said, "I have no worries about safety". Another person told us, "I'm safe here – they look after me". A third person said, "Am I safe? Definitely! It's like being at home". A relative told us, "[name] feels safe, she loves to go outside and they make sure she is safe and bring her a cup of tea. They are always checking on her". Another relative said "I know [name's] safe here. Her door has an alarm so they know if she goes out of her room and she is checked every two hours".

People were protected from the risk of abuse because the home had safeguarding and whistle-blowing policies and procedures for staff to follow if they had concerns that a person was at risk of abuse. Staff understood the vulnerabilities of the people they cared for, for example, their ability to communicate and their dependency on staff. Staff were aware of different types of abuse people may experience, how to recognise potential abuse and the action they needed to take if they suspected abuse was happening. They told us they would report any concerns to the registered manager or senior person on duty and were confident it would be dealt with. Staff were aware of how to access the safeguarding and whistle-blowing policy.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, risks in relation to nutrition, falls, pressure area care and moving and handling were assessed and plans put in place to minimise the risks. These were clear and had been reviewed on a regular basis; to ensure the care being provided was still appropriate for each person. The risk assessment's balanced protecting people with respecting their freedom. For example, one person did not like the pressure relieving cushion recommended to them by the community nurses and chose, initially, not to have it. This was their preference and staff had documented alternative action they were taking to prevent risk of skin damage in their risk assessment, such as frequent position changes. We saw that people had appropriate equipment in place, where required, such as mattresses and cushions designed to minimise the risk of developing skin damage. We also observed staff on a number of occasions supporting people as they moved about the home. They demonstrated safe techniques and supported people giving encouragement and reassurance where needed.

Safe and effective recruitment practices were followed to make sure staff were of good character and suitable for the roles they performed at the home. The registered manager told us that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. The DBS helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable groups.

People and relatives told us there was enough staff to support people and we saw this on the day of inspection. We observed a good staff presence and staff were attentive to people's needs. People received care and support in a calm, patient and relaxed manner from staff who were unhurried and able to spend time and interact with them in a positive way. One person told us "There is always staff around". A relative told us "Staff are always attentive and keep an eye on people. There are ample staff here". Staff told us and records confirmed, there were sufficient staff on each shift to meet people's needs. We looked at the rota

and saw consistently, there were six members of staff on duty during the mornings and five staff in the afternoons with a senior member of staff or manager supervising. In addition there was an activities organiser, as well as domestic, laundry, catering and maintenance staff to support. The registered manager explained that staffing levels were determined according to the needs of people living at the home. The registered manager said they were able to increase staffing levels if it was needed, for example, if people's needs changed.

Medicines were managed and administered safely. We looked at medicine administration records (MAR) and observed a medicines administration round. Appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. People had individual MAR which included their photograph, name and information such as any allergies. The records showed people were having their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines, were recorded. As required medicines (PRN) were recorded on the MAR and signed for by staff when administered. There was individual guidance in place for staff on when to offer people PRN medicines. We observed staff asking people if they needed their PRN medicines for example, checking if they were in any pain.

Medicines were stored securely within a locked trolley and kept in a locked room. Medicines requiring cool storage were stored appropriately and records showed they were kept at the correct temperature, and so would be fit for use.

Records showed all staff who administered medicines had the appropriate training and their competencies were reviewed. The registered manager carried out monthly audits to check the administration of medicines were being recorded correctly.

Procedures were in place for recording and monitoring incidents and accidents. Where accident and incidents had occurred these recorded information about the time, location and who was involved. This was in order that the registered manager could review the information and take appropriate action to reduce any re-occurrence. For example, the provider obtained more 'wet floor' signs as a result of a slip on a wet floor that had been cleaned. The registered manager maintained a falls record assessment. This record documented falls incidents and actions taken. These were then analysed periodically by a Health and Safety Officer, employed by the service, to capture any trends and patterns to prevent re-occurrence.

People told us they felt Primley House was clean and tidy. Relatives told us, "When we visited the first thing I noticed was the place smelt nice and was very clean, that matters" and "I think it's lovely, it's more like a grand house, always clean and fresh". We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. There was an infection control policy in place to guide staff in effective hand washing, cleaning, the handling and disposal of soiled waste, the use of protective clothing, handling and storage and preparation of food. The kitchen, when last inspected, had been given a '5 out of 5' score from the Food Standards Agency (FSA), meaning the cleanliness was considered 'Very good' by an external agency. We looked around all areas of the home and saw the bedrooms, dining room, lounges, bathrooms and toilets were clean. Our observations during the inspection showed staff used appropriate personal protective equipment (PPE), such as aprons and gloves, when carrying out tasks.

There was a laundry which was sited away from food preparation areas. There were washing machines which had the facility to sluice clothes and other equipment, for example a drying machine and iron to keep clothes freshly laundered. Each person had a labelled basket to ensure that their clothes returned to them. However, this room was very small which made it virtually impossible to adequately separate soiled linen from clean linen due to space.

We recommend that the provider seeks guidance and advice from a reputable source in relation to the safe management of laundry systems.

People lived in a safe environment because checks of the premises and equipment were carried out on a regular basis. Records showed regular servicing had been undertaken of fire equipment and systems, portable appliances and gas appliances. The home had a contingency plan for emergencies and each person had an individual plan for their safety in the event of needing to be evacuated from the home.

Requires Improvement

Is the service effective?

Our findings

People were supported by a staff team that had the appropriate skills and knowledge. People were positive and complimentary about the staff who worked at the home. One person said, "I couldn't be looked after better". Another person said "We are very well looked after". A relative told us, "We are very happy with the home, it's brilliant".

Staff had completed an induction programme when they had first started work at the home. They described how they had been given training, such as moving and handling and safeguarding during their induction and had shadowed a more experienced member of staff. We saw the registered manager had enrolled new members of staff on the Care Certificate programme. The Care Certificate is the most recent identified set of standards that health and social care workers adhere to in their daily working life.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Primley House. We examined training records to see what training opportunities had been made available. We saw all staff had received a range of training that equipped them to help meet people's needs. Staff had received training in first aid, fire safety, food hygiene, moving and handling, dignity and respect, person centred care, infection control, dementia care, and safeguarding. Staff told us "We have lots of training on everything. I found the Care Certificate very useful. I'm now doing a National Vocational Qualification (NVQ) which they are supporting me to do". Another member of staff said "Training is good because it keeps you updated, things change all the time".

We checked to see if staff were receiving regular supervisions, appraisals and checks of their competency to ensure they continued to be effective in their role. Staff records we sampled did not demonstrate that supervisions had been held regularly. Two staff files showed they had only received supervision once in 2015 and once in 2016. One person's file documented they had received two supervisions in 2015 only. A newer member of staff's supervision record showed they had received supervision after four weeks employment, as part of their induction plan. The registered manager told us they work very hands on with the staff and through constant supervision and observation from the management team, they are assured that staff were performing well. The management team also provided group supervision as an aid to learning. However, these sessions were not always documented. The group sessions would cover a programme of topics such as medicines management, hand washing, infection control and Care Quality Commission's Key Lines of Enquiry. Staff had not received appraisals where their work performance was assessed. Appraisals enable staff to improve on their skills and knowledge to ensure effective delivery of care to people. We discussed this with the registered manager who told us they planned to ensure staff received an annual appraisal and supervision every few months and they would also ensure that group supervisions were documented.

Staff told us they felt supported by the registered manager and had received some supervision that they found to be useful. They described how this gave them the opportunity to sit down in one-to one sessions with their registered manager to talk about their role and discuss any issues.

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 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. We found that not all staff were aware of the MCA but did understand the concept of capacity. There was also awareness of principles of the MCA, such as the presumption of capacity and acting in a person's best interests.

People's care records showed assessments of people's capacity levels had been carried out. These were an overall assessment of capacity and not a capacity assessment that was decision specific, such as the provision of care, health and finance. Where people had the capacity to consent to their care and treatment, their consent was not recorded. For example, some people's finances were being managed by the home. There was no evidence of written consent and we were told by the registered manager they had only gained verbal consent. Where there had been decisions made in people's best interest's documentation did not record who had been involved in the decisions. For example, one person's care plan recorded that they had capacity. An alarm mat was in place for this person and was used in the person's best interests. However, the care plan did not state if the person was involved in that decision or had consented to it. The documentation did not say who was involved in the best interest's decision. This meant that care may have been given to the person that they did not agree to or want.

There was no one who was subject to a DoLS authorisation at the time of the inspection as nobody needed one. The registered manager was aware of the application process for DoLS and when to make an application.

We recommend that the provider seeks recognised national guidance on the Mental Capacity Act in order to ensure staff support people appropriately and they follow this legislation.

People were receiving care and treatment in the least restrictive way and could move freely around the building. People were also able to go outside in the garden if they wished to do so. People were supported by the staff to make decisions about the care they received. We saw and heard staff seeking people's consent before they assisted people with their care needs. We saw staff took time to explain to people what they were doing and staff were aware of people who needed support to understand their choices and how to provide this support. People we spoke with told us their choices were respected and they were able to voice their opinions with staff. Staff sought consent before undertaking care tasks such as using the hoist.

People told us they were satisfied with the food and drink provided by the home. They said they felt the whole dining experience was like sitting down to dinner in a hotel or a restaurant. One person said "The food is very good, I've no complaints with the food, I choose what I like". Another person told us, "The food is very, very good. I have enough to eat ". Relatives told us "The food looks lovely, always appetising" and "The food is super. If [name] doesn't like something they get something else".

We observed lunchtime to be a sociable and enjoyable experience for people. Tables were dressed with attractive table cloths, place settings and flowers. People were free to choose where they sat and with whom. People were supported to have enough to eat and drink. People chose what they wanted to eat from a daily menu and extra options were given to them where these choices did not meet their preferences. We saw staff encouraging people to make choices and offering people alternatives. Where people needed extra

support with their meals this was offered. For example, some people needed staff to sit with them so that they could be prompted and supported to eat their food safely. Staff were attentive to people and where requests for additional food or drinks were made staff were quick to respond.

We spoke with the chef who was preparing the food during the inspection, and they had knowledge of everyone's food preparation needs and understood about providing a fresh nutritious diet for people. All of the food looked and smelled appetising. People's preferences and menu suggestions were listened to and the menu's altered, where ever possible to include these. We observed staff asking people if they enjoyed their meals encouraging them to voice their opinions in order for their meals to meet their individual preferences. Staff understood people's particular dietary needs, such as diabetic diets and their known likes and dislikes and made provision for fortified food and drinks for those at risk of losing weight. One relative told us about how staff responded to their relative's reluctance to eat, that was impacting on their weight. Staff found out the person liked milkshakes and made sure they offered them whenever the person wanted them, particularly when they had declined a meal.

People's nutritional needs were met because assessments had been completed and when needed, people had been referred to the appropriate professionals for advice, such as Speech and Language Therapy (SALT). We saw where people had difficulties in swallowing food, soft and pureed meals were available. We saw equipment including plate guards were available to promote people's independence and safe eating practice. The home monitored peoples' weights which enabled them to identify any significant changes or potential risks to people's diet and/or physical health.

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, speech and language therapists, physiotherapists, district nurses, chiropodists, and dentists. People were referred to outside professionals without delay and the advice provided by these professionals were listened to and used to plan people's care. Relative's told us that the home always responded to people's health issues and kept them informed at all times.

People's bedrooms were personalised with pictures, photographs and personal ornaments. The registered manager told us that people were encouraged to bring personal items and furniture in to their rooms to make them feel more at home. Each bedroom has access to en-suite facilities and a call bell system. The home had an on-going improvement programme that included re-decorating, new floor coverings, up grading the call bell system and making the en-suite facilities more wheelchair/hoist friendly.

People and relatives said they were happy with the environment, commenting, "I love it, not only is my room lovely, my view is lovely, I look out at all the birds", "The facilities are fantastic". We saw the home's communal areas were pleasantly decorated with a choice of two lounge areas for people to sit, a very comfortable sun lounge, fully stocked library and a recently relocated hairdressing salon. The extensive gardens have easy walkways, lawns and seating areas.

Good

Is the service caring?

Our findings

People told us they were well cared for by staff who treated them kindly, with compassion and with respect. People told us they were happy with the atmosphere at the home, which they found to be open and friendly. Everyone spoke highly of the staff and their care. Comments from people living in Primley House included: "For the first time in my life I feel taken care of", "You get such lovely people, they [staff] are so caring and kind" and "We feel as if we are being cared for". Relative's also told us they were happy with the care their loved one's received. Comments included, "They are very caring and kind", "It's very good, It's very happy" and "They are lovely, never lose patience and so caring".

Visitors were seen coming and going throughout our time at the home. They were always greeted warmly by staff and by their name. They were then updated on their family member's condition where appropriate. People and their visitors could help themselves to refreshments in the sun lounge kitchenette area, any time of day.

We observed the atmosphere in the home to be relaxed and staff appeared unhurried. Staff told us they enjoyed their job, and spoke about people in a compassionate and caring way. One staff member said, "It is a really nice home to live and work in. I would definitely recommend it. It's very airy and open and people have the freedom to go outside". Another commented "This is one of the best homes I've worked in. You are part of a family here".

Throughout the inspection we observed interactions between staff and people living at the home. It was evident that staff and people got on well together and trusting relationships had developed between people and staff. We saw staff were respectful with people when they spoke with them and also took time to talk with people who were more reluctant to engage.

We saw people being treated with dignity and respect. Staff told us they were confident people received good care. They gave examples of how they ensured people's privacy and dignity was respected. One staff member said, "We ensure curtains and doors are closed and residents are kept covered when personal care is given." Staff further explained how they maintained people's independence. For example, by encouraging them to make choices about how they spent their time and always asking them for their consent before assisting with their personal care needs. This demonstrated the staff had a clear knowledge of the importance of dignity and respect when supporting people and people were provided with the opportunity to make decisions about their daily lives.

People and their relatives confirmed they were encouraged to express their views about their care and the service in general. This was done in a variety of ways including during individual care review meetings, 'residents and relatives meetings', and completing surveys about the quality of the service.

People's records about their care were stored securely. Staff understood how to keep information they had about people's care confidential, and knew why they should share information appropriately. Staff had access to the relevant information they needed to support people on a day to day basis. We saw when staff

spoke with people or relatives, conversations were held discretely or in a private room. This showed people's confidentiality was respected.

At the time of the inspection there was no one receiving end of life care, however information on people's wishes and preferences was documented in their care files. Staff were able to describe how they support someone on end of life care. All staff underwent training in supporting people and families at this time.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People and relatives told us that staff knew them well and responded to their individual needs. One person said "We're definitely treated as individuals".

People had received an initial assessment of their care and support needs before they moved into Primley House which ensured their needs could be met. People's care plans were based on their initial assessment, and were comprehensive and detailed, providing staff with relevant and appropriate guidance of how to support each person. Care plans contained personal profiles called 'That's me'. These contained details of what was important to the person and how best to support them such as health and keeping safe, communication, eating and drinking, personal care, mobility, social interaction and mental health and wellbeing. Care plans were detailed and focused on the person's preferences. For example, one person's care plan detailed what they would prefer to do themselves and what they would like support with. The same person had a mental health care plan which described to staff that the person takes longer to answer but does understand what is being said to them and detailed how staff should support them with this. Care plans were reviewed on a monthly basis to ensure they met people's current support needs.

During the inspection we spoke with staff who were knowledgeable about the care that people received. Records were in place to show that people and their relatives were invited to participate in the care planning process. Staff were responsive to the needs of people who used the service and the people and relatives we spoke to confirmed this. A relative we spoke with said, "I am kept informed about what's happening."

People were able to take part in organised activities and events or could spend their time doing things that they wanted. The home employed an activities co-ordinator who helped people to access a wide range of activities. We spoke to the activities coordinator who was able to give details of activities which took place at the home. They told us they provided both group and individual activities for people dependant on their preference and ability. The activities included verbal quizzes, word games, bingo, ball games, sing-alongs, arts and crafts, reminiscence sessions, cake decorating, animal visits and entertainment days. Those people who did not wish to leave their rooms to take part in activities were given the opportunity for one-to-one sessions which were tailored to their interests. For example, one person liked to sit with staff and complete Sudoku puzzles. Another person really enjoyed talking about their work life and reminisce about various musical shows they had seen when they were young. People were supported and encouraged to learn new skills that interested them. For example, one person expressed a wish to learn to crochet. Staff found someone who could spend time teaching them and supplied the necessary equipment. Another person, who had suffered a stroke that had affected their co-ordination, said they would like to knit again. Staff provided balls of wool and knitting needles and spent time helping the person to knit. People had expressed an interest in learning computer skills. The home responded by purchasing a computer for people to use. The activities co-coordinator told us that records were kept for each person to show what they liked and activities they had participated in.

Handover between staff at the start of each shift ensured important information was shared, acted upon

where necessary and recorded. This ensured people's progress was monitored and any follow up actions completed. The handover was recorded so that all staff could see a record of what had happened. Key information was recorded in the communication book that all staff could access.

The registered manager had a procedure for receiving and managing complaints. We were told by the registered manager they had only received one complaints during the previous year when the passenger lift had broken down. The provider immediately responded by hiring an additional stair lift until the lift was back in service. We saw the complaints procedure was included in the information brochure given to people. This meant information was available to people if they wished to make a complaint. People told us they had never needed to make a complaint about the service provided. They told us that, if they had any concerns, they would speak to the registered manager or any of the staff. They also said they were confident the registered manager would take action in response to their concerns.

Good

Is the service well-led?

Our findings

People, their relatives and staff were very complimentary of the management. One person said, "It's well managed. There is always someone on and they are very approachable". Staff told us that they enjoyed working at the service and they found the registered manager and management team very supportive. Staff said, "They are always willing to listen, they are very supportive to us" and "You can always go to the manager if you have problems".

There was a registered manager in post who was supported by two deputy managers. People and their relatives knew who the registered manager was and said they were available to speak with whenever they needed them. Relatives told us that the registered manager communicated well with them and kept them informed about the home and their loved ones.

During our inspection we observed the management team were friendly, approachable and receptive to feedback. We found they were enthusiastic about developing the support provided and clearly focused on the needs of the people who lived at the home. Primley House's care philosophy was to provide a secure homely environment. We saw in our observations that staff ensured that they cared for people by maximising each individual's independence, privacy, dignity and freedom of choice. They strived to help each person live as comfortable and fulfilling a life as possible within a residential setting.

People benefited from a staff team who worked well together and understood their roles and responsibilities. One member of staff said, "We have a good team, we all work well together and communicate well". Staff had regular meetings with the management team to discuss people's care and the running of the home. Staff felt the registered manager was very supportive of their roles and listened to their opinions. Staff had handover meetings between each shift, to discuss any care needs or concerns that had happened and used a communication book to record important information. This demonstrated that people were being cared for by staff who were well supported in performing their role.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found the registered manager understood the principles of good quality assurance and completed regular audits of all aspects of the service, such as housekeeping, infection control, medicines and health and safety. They took these audits seriously and used them to critically review the service and when they found areas which could be improved upon, action plans were developed. For example, carpeting was replaced with carpets that did not have underlay to aid the movement of people using wheelchairs and hoists. However, we found that Primley House's quality assurance processes had not identified that mental capacity and best interest's decisions were not being recorded in line with the principles of the Mental Capacity Act 2005. This was discussed with the registered manager who said they would give it their immediate attention.

There were systems in place for managing records. People's care records were well maintained and

contained relevant information. Records examined during the inspection, including people's care records, and health and safety documents were up to date. All documents relating to people's care, to staff and to the running of the service were kept securely when not in use. People could be confident that information held by the service about them was confidential.

Staff had policies within the home that helped them understand why certain processes and protocols were in place. These policies included safe handling of medicines, safeguarding and infection control. This access to information enabled staff to feel more confident at challenging practices and also helped to set out the expectations people should have of the home.

We saw that people, their relatives, staff members and health care professionals were invited to share their views and opinions about the services provided by way of satisfaction surveys in order to ensure the service provided was appropriate. Feedback received showed a high level of satisfaction with the services provided.

Primley House enabled people to develop good community links. The registered manager told us that they had recently invited a local school to visit the home and speak with people as part of their school project. The school was also given a part of the garden to develop and grow plants and vegetables where people could help or enjoy watching them. The home also linked up with three churches of different denominations, to provide spiritual support for people.

The registered manager knew how and when to notify the Care Quality Commission (CQC) of any significant events which occurred, in line with their legal obligations. They also kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and honesty. The registered manager understood and was knowledgeable about the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.