

## Primley Housing Association Limited

# Primley House

### Inspection report

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Devon  
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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Primley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Primley House accommodates up to 39 people in one adapted building. At the time of our inspection there were 34 people living in Primley House. The home supports people with different needs and backgrounds, including people with mobility needs, health needs and mental health needs.

People's experience of using this service:

- People spoke very highly of the care they received at Primley House. The service had strong person-centred values and placed people's wellbeing at the heart of their work. People received exceptionally personalised support which met their needs and preferences.
- The registered manager was passionate about continuous improvement and implemented ideas and new ways of working in order to better people's care and wellbeing. For example, the service had developed a relationship with the local primary school and the local nursery. This brought people a great deal of pleasure. The home also held regular fund-raising events, parties and fetes where people, relatives, staff and members of the public were welcome.
- People were fully involved in the planning and delivery of their care and encouraged to share views and make suggestions about the way the home was run. People were given as many choices as possible and were encouraged to have control and be independent.
- People were given access to a wide range of activities which met their personal preferences. Staff knew people well and were described as being kind and caring. Staff were provided with the training, supervision and support they needed to care for people well.
- The home delivered outstanding end of life care to people. The service was passionate about ensuring people received dignified and respectful end of life care which met their personal needs and preferences. The service had also created a memory garden to show respect for people who had passed away. Each time a person sadly passed, staff planted a rose in this garden to remember them by. This brought comfort to relatives, people who lived in the home and staff.
- Risks to people's health, safety and wellbeing were assessed and acted upon. During our inspection we identified some medicine stocks did not tally with the stocks recorded on people's medicine administration records. However, following our inspection the registered manager conducted an audit of medicines and was able to assure themselves and us that people had been receiving their medicines as prescribed.

- People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.
- The service had recently changed their care planning system from a paper to a digital format. We found people's care plans contained clear information about their needs, but further improvements were needed with regards to the amount of personal information and preferences available. People were clear that staff knew them and how to care for them in the way they wanted.
- There was strong leadership at the service. People and staff spoke highly of the management team and there was a positive culture at the service with people and staff feeling their voices were listened to.
- There were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided. More information is in the full report.

Rating at last inspection: At the last inspection the service was rated Good (20 October 2016). It was rated Good in the Safe, Caring, Responsive and Well-led key questions and Requires Improvement in the Effective key question.

Why we inspected: This inspection was scheduled based on the registration date of the service.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

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

#### Inspection team:

The inspection team consisted of one adult social care inspector.

**Service and service type:** This service is a care home. It provides accommodation and personal care to people living in the service on one site.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service two days' notice of the inspection site visit because we inspected on a weekend and we wanted to ensure the registered manager was present.

#### What we did:

The registered manager sent us a provider information return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

As part of the inspection we spent time with seven people who received support from the service. We spoke with the registered manager, an assistant manager, six members of care staff, the activities coordinator and two relatives. We conducted a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at three people's care records and looked at three staff files including training and recruitment. We reviewed the service's accidents and incidents' file, audits and complaints policies.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The service was managed in a way that protected people from abuse. People made comments including; "I do feel safe. They're so helpful."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having done this in the past to ensure people were safe.
- Recruitment practices were safe and included pre-employment checks from the Disclosure and Barring Service before starting work.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks. During the day there were usually two managers, one care support leader, six care staff, one activity coordinator, three kitchen staff and two domestic staff working.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. For example, where people were at risk of falls, staff had involved the falls team in the planning of their care and had created detailed risk assessments in order to keep people safe.
- Staff were knowledgeable about identifying risks to people and knew to raise this with the management and healthcare professionals.
- Where necessary, specialist advice from healthcare professionals was sought.
- People were fully involved in their risk management. Plans to minimise risks had been drawn up with their input and agreement.

Using medicines safely

- Where possible people were encouraged to participate in their medicine management.
- Medicines were managed safely, and people received their medicines as prescribed. However, we found some boxed medicine stocks did not tally with the stocks recorded on their medicine administration records (MAR). Following our inspection, the registered manager carried out a full audit of medicines and sought feedback from the local pharmacy. The registered manager had identified prior to our inspection that medicine management could be improved and was in the process of obtaining a digital system to assist with this. People, relatives and staff were confident people received their medicines as prescribed by their doctor.
- Staff conducted audits and reviews of people's medicines and medication administration records (MAR) and responded to any issues identified.
- Only staff who had been trained in the safe management of medicines administered medicines to people. Staff undertook regular competency checks, tests and spot checks.

### Preventing and controlling infection

- People and relatives did not have any concerns with regards to staff following good infection control practices.
- The service was clean, and we observed staff using gloves and aprons when undertaking tasks.
- The registered manager had appointed an infection control lead who completed regular audits and checks.
  
- The service had recently refurbished the laundry room and installed a bed pan washer and sanitiser to improve their infection control practices.

### Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of any reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- At our previous inspection this key question had been rated requires improvement. Following that inspection, the registered manager had implemented new training, created new consent forms, developed staff supervisions around the Mental Capacity Act 2005 and implemented new audits. We found we no longer had concerns.
- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs.
- People spoke highly of the care they received and made comments including; "I find it very good" and "This place looks after people really well." Relatives made comments including; "They're very good here. Everything's good here" and "They look after him very well. I would definitely recommend this place."
- People's needs were regularly reviewed and where changes had occurred their care plans were updated. For example, one person's assessments had been updated following a change in nutritional needs.
- People had been involved in the planning of their care and their wishes were respected. To enable one person's relative who had lasting power of attorney to be more involved in their loved one's care planning the management gave them access to the person's care plan. They provided them with access to the online care plan, assessments and daily notes of their relative. This enabled them to feel more involved, raise any issues or ideas they may have.
- Best practice was sought and communicated to staff in order to ensure people's care was high quality.
- The service was focused on achieving best outcomes for people and improving their independence. For example, one of the assistant managers told us how they had recently sought training from a continence specialist. They told us this training was not just for staff but also for people living in the home and their relatives. People engaged in this training session and learned about pelvic exercises and different equipment. They said; "We try to educate ourselves but also the residents. We had group sessions, and this encouraged people to try exercises to continue to be independent for as long as possible."

Staff support: induction, training, skills and experience

- Staff undertook a thorough induction to the organisation. Staff new to care work completed the Care Certificate, which is a nationally recognised course in Induction for care workers. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs.
- Staff knew people and their needs well and were skilled in caring for people. People told us they had confidence the staff were skilled in supporting them. One person said; "They are all nice and know what they're doing."

- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supported and made comments including; "I've done so much training. You name it I've done it. We're always asked if we want more. The other day I asked for more mental health training and they sorted it out for me. They're brilliant for training."

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

- People had access to good quality food which met their needs and preferences. People enjoyed their meals either in their rooms or the dining room depending on their choices.
- Hard work had gone into making meal times enjoyable social experiences with people enjoying drinks such as wine and beer with their meal in a restaurant style setting.
- People spoke highly of the food with comments including; "The food is excellent" and "I'm having roast lamb for lunch today. My favourite."
- People were enabled to be as independent as possible with their food and drink. People were provided with specialised cutlery and plates and where people required support from staff this was done in a respectful and sensitive manner. There were two drinks stations in the home for people and relatives to make their own cold and hot drinks. This encouraged independence and hydration.
- Where people had specific risks relating to eating and drinking these were highlighted and steps were taken to minimise 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 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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details was evidenced.
- Staff and the management had good knowledge of the MCA framework and encouraged people to make choices wherever possible.

## Is the service caring?

### Our findings

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

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

Ensuring people are well treated and supported

- People told us how well cared for they were with comments including; "I love it here" and "It's fantastic." People's relatives made comments including; "If I'm not here it's so good to know he's in a wonderful home" and "They don't just look after (Name of relative) wonderfully. They also look after me. I stay and have dinner and have tea when I come. They make me feel valued and cared for."
- People were supported by staff who knew people's needs, personalities, likes and dislikes well.
- Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company and personalities. Comments from staff we heard included; "The residents, the staff and the management are amazing" and "The people here are what make it so special. They're all so wonderful to work with."
- Staff and the registered manager were passionate about people's happiness and wellbeing. We were provided with examples which demonstrated how the service and staff had gone 'above and beyond' for people. For example, the management team ensured people were given gifts for their birthdays, Easter and Christmas every year. One relative had written a thank you card to the home which read; "Thank you for all you have done for (Name of person) regarding her birthday celebrations. It was superb, party, buffet, everything. Not just for her birthday but her care in general in such a beautiful place with you all."
- During our inspection we heard lots of laughter and positive interactions. We heard people chatting and joking with staff in a way that demonstrated they were very comfortable in their presence.

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

- People were fully involved in their care and their views were continuously sought. People were encouraged to share their views during resident meetings and feedback sessions.
- The service respected and promoted people's diversity and was open to people of all faiths, belief systems, cultures, backgrounds and sexualities. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. The service helped promote people's rights and had recently put up posters and held a discussion with people about LGBTQ+ rights. They were also in the process of having discussions with people about different religions and belief systems. The home hosted church communion and visits from the Catholic Church, the Methodist Church and local Jehovah's Witnesses in order to meet people's individual spiritual and religious needs.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.
- People were treated with dignity and respect. One person said; "Oh yes they respect me. Always".
- People's independence was encouraged and promoted. Care plans highlighted what people could do for themselves and how staff should assist with this. Where people undertook tasks, staff praised them for their achievements. People were encouraged to be as independent as possible in every aspect of their lives. People were free to make their own hot drinks and the home had an open-door policy to enable people to access the community when they wanted and encourage visitors to come.

## Is the service responsive?

### Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care

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

- People received care and support in a way that was flexible and responsive to their needs. People had choice and control over every aspect of their care. For example, people were involved in the running of the home through the 'Staff and Residents Safety Committee'. This involved people and staff discussing safety incidents, how to learn from them and improvements to make.
- People's support was personalised to them and staff were knowledgeable about people's interests, preferences, their likes and dislikes.
- The management team and staff were passionate about enabling people to lead fun, fulfilled lives and helping ensure people had access to activities that met their needs and interests. People were supported to take part in a range of activities to provide them with stimulation, entertainment, socialisation and ensure they were part of the wider community. The home had a programme of activities including, exercise classes, music entertainers, games, quizzes, art classes and crafts. Additionally, people took part in individual activities such as one person who was receiving lessons from staff on how to best use their new tablet computer. People took part in a weekly book club and produced poems which were included in the monthly newsletter.
- People's views were sought prior to activities being introduced. For example, one person was receiving personal professional art classes once a week. The management team asked people if they would also be interested in this and organised this professional to give a wider class in addition every week. People highly enjoyed their art classes and their art creations had been displayed within the home. One Christmas staff had organised for people to receive a professional manicure as a treat. People had enjoyed this so much that the management had paid for this to be provided to people once a month.
- The registered manager and staff were committed to ensuring people were part of the local community and had access to people of different ages and interests. The home had built working partnerships with the local nursery, primary school and Paignton college. Once a week children visited the home and took part in activities and people highly enjoyed these visits. People had also been to visit the local nursery for high tea to see the children. The service also supported the Duke of Edinburgh awards and at the time of our inspection one young person was at the service completing theirs.
- The service held regular fund-raising events, parties and fetes where people, relatives, staff and members of the public were invited to attend. They also threw children's parties where people's grandchildren, the local school children and staff children and grandchildren were welcome. They had recently held a Halloween party and a pirates and princesses party. Themed days also took place which involved people dressing up, music, entertainment and a special food menu. There had recently been a Valentine's day theme and a Great Gatsby 1920's theme. People gained a huge amount of enjoyment from these events.
- Staff were passionate about helping people have the best quality of life possible. Staff worked closely with

other healthcare professionals in order to achieve the best possible outcome for people.

- People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff demonstrated they knew how best to communicate with people. For example, one person said; "I'm blind and they always explain everything to me and help me where I need." The service also had specialised magnifying equipment in the library in order to enable people to independently read their mail and important information.
- People's care plans were in the process of being transferred onto a computer system. Following our inspection, we were sent copies of people's care plans which contained detailed information of people's lives, interests, preferences and what was important to them. Care plans were regularly reviewed with people and their relatives where appropriate to ensure they remained current and provided accurate information about how staff should meet people's needs.

#### Improving care quality in response to complaints or concerns

- People felt comfortable raising complaints and were confident these would be listened to and acted on. Comments included; "I can't think of anything I would complain about, but I would happily say something if there was" and "I would tell (Name of registered manager) if there was anything. They go out of their way to help you and make sure you're happy."
- People were encouraged and enabled to share their views where possible in order to improve on their care. Regular meetings took place where people were asked for their opinions. Systems were in place to address any concerns raised. Where complaints had been made action had been taken and learning had taken place. For example, a member of staff who had recently joined the domestic team had raised a concern about health and safety. The registered manager had organised for a health and safety advisor to come into the home and deliver specific training to the staff team and create a report in order to learn from this.

#### End of life care and support

- The home delivered outstanding end of life care to people. The service was passionate about ensuring people received dignified and respectful end of life care which met their personal needs and preferences.
- Staff had received training on how to support people at the end of their lives. The service liaised and received support from Rowcroft, district nurses and McMillan nurses.
- The service enabled people's loved ones to stay the night in the home during the last days of a person's life and on occasion had provided accommodation for McMillan nurses overnight to ensure people's needs were met.
- Relatives of people who had sadly passed away had sent in thank you cards to Primley House. Extracts from these included; "Thank you all so much for the care, respect, love and fun that you gave to Mum and all of us. Mum spent her last year's where she wanted to be, with the people she wanted to be with and who she loved" and "Thank you so much for the wonderful care given to my dear friend. She was so happy with you and felt it was truly her home. Thank you so much for letting her die peacefully where she felt safe and cared for."
- The service had created a memory garden to show respect for people who had passed away. Each time a person sadly passed, staff planted a rose in this garden to remember them by. Two relatives of people who had passed away some time ago still regularly attended the home to spend time in the memory garden where they found comfort. These relatives were welcomed and encouraged to come when they wanted and needed.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Primley House was run by a management committee and was a not for profit organisation. The registered manager told us this meant any money made was reinvested into the home in order to deliver the best possible care to people.
- The management committee members regularly came into the home to have one to one meetings with people. This gave people the opportunity to meet the committee members and give direct feedback about the service and improvements they wished to see.
- People told us the service was well managed and spoke highly of the registered manager and the wider management team. Comments included; "(Name of registered manager) is a really nice woman. She is lovely and so kind."
- The service informed relatives of any concerns, such as if an accident had happened, and fulfilled their duty of candour.
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Staff told us how passionate they were about providing a high quality and personalised service to people, and people were very much at the heart of the service.
- Each staff member told us how positive they felt working for an organisation that shared their personal values about delivering high quality personalised care. Comments from staff included; "This is the best home ever" and "I love it. I can't think of anywhere I would rather be. They just want people to be happy and well cared for. We're all here for this reason."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Primley House had a registered manager, two assistant managers, four senior care staff and two care support leaders. Staff were clear about their roles and responsibilities and were encouraged to undertake qualifications and responsibility. One member of staff said; "They're so supportive. They've put me through my qualifications and they really encourage me."
- Staff spoke highly of the registered manager and the wider management team. Comments included; "They really listen. They're so supportive."
- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided.
- The registered manager was aware of their responsibilities to provide CQC with important information.

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

- Staff said the service's management were caring and supportive and that everyone worked well as a team.
- The registered manager was committed to involving people in service. They regularly sought views from people, their relatives, staff and external healthcare professionals.
- Regular staff meetings took place in order to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to, were supported by the management, and had an input into the service.
- The registered manager had organised for a pharmacist to come to Primley House at the beginning of the winter in order to enable staff to receive the flu vaccine. They paid for the vaccine and promoted this opportunity in order to protect the staff team and the people living in the home.

Continuous learning and improving care

- The registered manager was continuously looking for ways to improve the service. They said; "We're always looking for improvements. Always looking for something new. We're trying to educate ourselves all the time." At the time of our inspection the service had recently transferred their care plans onto an electronic system and had introduced a new call bell system. The registered manager told us that in the upcoming year they planned to transfer the medicine management onto an electronic system and were going to be introducing a computerised system for staff management. The registered manager was an active member of the local care manager's network and sought regular training and updates from external professionals.