

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Primley House

Totnes Road, Paignton, TQ3 3SB

Tel: 01803558867

Date of Inspection: 12 March 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Staffing	✓ Met this standard
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Records	✓ Met this standard
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Details about this location

Registered Provider	Primley Housing Association Limited
Registered Manager	Mrs. Gail Collings
Overview of the service	Primley Court offers accommodation with care and support to up to 39 older people. Nursing care is not provided by the service. This service is provided by community nurses working for the local primary care trust.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 March 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

On the day of our inspection 32 people were living at the home and receiving care from the service. We (the Care Quality Commission) spoke with four people living at the home, three staff, one relative, a district nurse and the manager. We also spent time observing care and we looked at three care plans.

People living at the home we spoke with told us they were looked after very well. One said "I am very happy here". A relative told us "It's just brilliant".

We saw clear evidence of the involvement of external healthcare and community support services. We saw that people had opportunities to participate in activities of their choosing. We saw that people were consulted about what they wanted to do, and about how they wanted their care to be delivered.

People said they felt safe living at the home and thought there were enough staff on duty.

All records were well maintained at the home and showed that there were effective

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected

Reasons for our judgement

We spoke with four people who were able to tell us about their experiences of living at the home. They told us that they were happy and that staff were very kind to them.

People's privacy was respected. For example we saw people having treatment by the district nurse. They were helped into the small treatment room so that they could be seen comfortably and privately. The district nurse said care workers always ensured people were seen in private and that care workers were kind and patient in their approach.

Throughout our visit we heard staff offering people choices. For example, people were asked where they wanted to sit and what they wanted to eat or drink. People confirmed there was a choice of food at lunch time and they could go to bed and get up when they chose. One person said "they leave me until I'm ready"

We saw that staff interacted well with people who lived at the home. We saw lots of fun and laughter being shared between care workers and people living at the home throughout the day. We saw that staff treated people with respect. For example, staff knocked on doors before entering rooms. We heard staff speak to people in a respectful manner, using their preferred names. Staff responded to people's requests and listened to what they had to say.

We saw that staff supported people to maintain their independence. For example the home had just built a "drinks station" in the conservatory. This was where fresh coffee, tea and cold drinks and snacks were available all day for people to help themselves.

We saw that people's care files told staff about people's individual preferences in relation to how they received their care and how they liked to be addressed. The files were clear about the level of support people needed and what they could manage on their own.

We saw that some information about people's social history was recorded on their care plans. This meant that staff would be aware of events in people's lives that could impact on

the care they provided.

We saw that staff paid respect to people's age and disability. For example we saw in white boards throughout the home to remind people of daily things such as the lunch time meal, activities and the name of the people on duty. We saw ramps, lifts and handrails throughout the home to help people with mobility problems.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and was delivered in line with their individual care plan.

Reasons for our judgement

During our visit to the home we spoke in private with four staff and six of the people who lived there, about the care and support they received. We also spent time observing people in the dining room at lunchtime. We looked at some care records to see how people's care was planned and delivered.

People told us that staff supported and helped them when they needed assistance. They said that there was always someone around to help them if they needed anything. One person told us "I never have to wait long." People had portable call bells. We heard staff constantly reminding people to ring if they needed assistance. People said the staff were kind and patient. One person said "They are so nice, all of them."

We looked at the care records for three of the people who lived in the home to find out how their health and personal care needs had been assessed, and how the home planned to meet those needs. The records we saw showed that people's needs and risks had been identified and planned for. A range of risk assessments had been completed including those for pressure areas, nutrition and moving and handling. We saw that good directions were given to staff on how people's needs should be met. We saw evidence that care plans were regularly reviewed and updated as people's needs changed. When we spoke with staff they were able to tell us what they did to support people and were able to describe individual care needs.

Information about visits from and to health care professionals had been recorded in individual care plans. There was clear evidence that people were supported to maintain access to specialist medical services, such as the optician.

We saw that there were different activities provided each day by the activity co-ordinator. On the day we visited there were 16 people in the lounge that were taking part in a word game. We saw people guessing the answers and enjoying a joke with each other. People said they enjoyed the activities, one person said "I always join in, it's good fun." People who decided to stay in their bedrooms said they were asked if they would like to join in but were never made to feel they had to. One person told us "They always ask but I mostly choose not to and that is fine."

There were arrangements in place to deal with foreseeable emergencies. For example we saw personal evacuation plans had been prepared for people in the case of a fire. These detailed the support the person would need.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During our visit we heard staff speaking with people in a respectful and caring way. We saw staff interacting with the people they supported and providing opportunities for the individuals to talk with them. We also saw that staff were friendly and patient in their approach. People appeared relaxed and comfortable in their interactions with staff.

People told us they felt safe. One person said "they are all very good, I have no complaints." People told us they would speak with any staff member if they were unhappy about anything.

Staff were able to tell us about different types of abuse and what they would do if they suspected abuse was occurring. Staff told us and records confirmed that they had received training on safeguarding vulnerable people. Staff told us they had never seen any incident of abuse at the home. The provider may wish to note that the safeguarding policy was out of date which if used by staff as a guide could be misleading.

The provider told us that there was no-one living at the home that was subject to a deprivation of liberty authorisation. This meant that no-one was having restrictions placed on them. We saw no evidence to show that anyone living at the home was being restrained or had their liberty deprived without an authorisation.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of our inspection 32 people were using the service. There were six care workers on duty. There were also five ancillary staff, these included a cook and kitchen staff, the housekeeper, the laundry worker and the maintenance person.

People who used the service had varied dependency needs. For example, three of the people required two care workers to support with mobilising whilst others remained independent with minimal care needs.

People who used the service told us that staff did not rush them and had time to meet their needs. We observed that care workers had time to talk to people as well as complete tasks. For example we saw people frequently coming to the office to ask for advice, we saw staff were patient and kind. We saw them listening to people and offering advice and reassurance.

Care workers told us that the staffing levels allowed them to meet people's needs. There was a system in place to ensure that staff absences could be covered. The manager told us that existing staff were used if possible. Agency staff were also used but we were told they used "regular" agency care staff that knew the home well.

The manager told us that they changed staffing levels according to people's need. For example recently staffing numbers had been increased due to higher dependency needs.

All care workers had completed mandatory training. Records showed, and staff told us, that there was sufficient skilled and experienced staff on duty at all times.

All new staff completed induction training. We were told by the manager that new staff worked alongside more experienced care workers to begin with until they felt they were competent to work independently.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We observed that records were easily accessible, well organised and stored securely.

We found that people's personal records including medical records were accurate and fit for purpose. For example we saw care pathways and medical notes which were up to date and easily accessible.

We found that staff records and other records relevant to the management of the services were accurate and fit for purpose. For example staff files were complete and training needs were identified and recorded for further action.

The provider had a policy on document retention. We were told that the policy was adhered to, for example records were kept for the appropriate period of time and then destroyed securely.

Staff understood their responsibilities in relation to the requirements of the Data Protection Act 1998. Records were kept securely and could be located promptly when needed. For example all filing cabinets were kept locked but they were located in a central place for ease.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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