

Review of compliance

Southern Cross Healthcare Services Limited Primrose House Nursing Home

Region:	North West
Location address:	72 Crewe Road Haslington Crewe Cheshire CW1 5QZ
Type of service:	Care home service with nursing
Date of Publication:	October 2011
Overview of the service:	Primrose House is a single storey building, purpose built for the accommodation and care of older people with mental health needs, primarily those associated with dementia. The service provides 42 single bedrooms, each with en suite facilities. It is located in a large village on the outskirts of Crewe and is close to all local amenities, public facilities and

	<p>public transport. Another home owned by the company providing care for elderly frail people is adjacent to the home and shares a kitchen</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Primrose House Nursing Home was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 2 September 2011, checked the provider's records, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke to a resident about their experiences of the home and they said that the staff "always have time for people" and that "staff make time if you want to do things." This person told us that the food "was all right" and that "you don't get the same meal day after day." They said that the "staff mix well" and they also said that the registered manager was approachable; "you can always talk to him."

Another person told us that they were able to "relax a lot more" than in their previous accommodation. They said that there was "always something to do" and that the activities "add a bit of variety".

We spoke to a visitor whose wife had recently been admitted and they told us that the care staff were "very good, couldn't be faulted."

We spoke to a visitor who said "I visit once a fortnight and the treatment she gets is excellent"; "she is well cared for, clean and tidy and the staff are very pleasant."

We spoke to an individual about how they might express any concerns should they have them. They told us that they could talk to their key worker or the home's manager and told us that they would be confident to do so.

What we found about the standards we reviewed and how well Primrose House Nursing Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who use services are involved in making decisions about their care, treatment and support.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People who use the service can be confident that the care will meet their individual needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service are protected from abuse.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

This is a minor concern. When dedicated staff housekeeping are not on duty cleaning tasks are not always completed.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

This is a minor concern. Rostered staffing levels are appropriate but there may be occasions when staff shortages occur.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There are effective systems in place to monitor the quality of the service.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke to a resident about their experiences of the home and they said that the staff "always have time for people", "staff make time if you want to do things" and that "staff mix well."

Other evidence

We noted that the home felt a comfortable place to be with a pleasant atmosphere and many homely touches. Different parts of the corridors and public areas were decorated with themed art work and objects which were not only pleasant, but also served to orientate and stimulate the residents. This was supported by differently coloured and personalised doors for individuals including their name and a photograph either of the resident or something relevant to them.

There were several well stocked bookshelves around the home and we saw residents taking the opportunity to make use of them. There was a comfortable seating area opposite the dining room and close to the office which was occupied by several different people while we were there. This corridor was very busy and afforded the opportunity for those seated there to interact with passing members of staff and other residents. We saw many positive interactions in this space and we particularly noted that most staff took the time to stop and chat with those people. This was a common

theme; we often saw members of staff stop what they were doing to talk and interact with people and this applied just as much to staff whose role was not as care assistant or nurse.

We observed the lunchtime meal and noted that the staff supported people with care and consideration and had the time to do so.

We saw an individual who was distressed because they needed to use the toilet. They asked a member of staff who was not able to help because two members of staff trained in certain handling skills would be needed. This member of staff twice went to find other care workers but it was some ten minutes before the individual could be helped. When they were attended to the phrase "**** said you wanted to spend a penny" was shouted loudly across the lounge. This individual was not treated in a respectful manner.

The home has a pleasant garden area and on the day we visited we saw people sitting outside talking to a member of staff about their plans for the following day so that activities and meals could be coordinated.

We spoke to another person at the services about their care and they were very positive about their experience in the home. We saw that their room was comfortable, clean and personalised. They also told us that a member of staff went out each morning to buy a newspaper on their behalf.

We visited the laundry and saw that it was busy but well organised in order to ensure that people's clothes, as far as possible, did not get mixed up.

Our judgement

People who use services are involved in making decisions about their care, treatment and support.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke to a resident about their experience in the home and they told us that they were able to "relax a lot more" than in their previous accommodation. They said that there was "always something to do" and that the activities "add a bit of variety".

We spoke to a visitor to the service whose wife had recently been admitted and they told us that the care staff were "very good, couldn't be faulted."

We spoke to a visitor who said "I visit once a fortnight and the treatment she gets is excellent"; "she is well cared for, clean and tidy and the staff are very pleasant."

Other evidence

We asked a care worker about the home and we were told they had no concerns, that it was "a really good team" and that they liked working there.

We saw that there was a good level of activities provided for people in the home and there was evidence through posters and photographs of what went on. We saw pictures of a Valentine's Day meal where residents had shared this experience with their spouses. This was typical of the thought given to the activities programme in the home.

We spoke to a care worker about the activities that took place in the home and we were told how individuals needed and responded to different things. We were told how one particular person only gained satisfaction from genuine tasks; this particular individual had earlier told us of the contribution they felt they made to the home through the things

that they did for them. We saw that the home had linked up with Age UK to have the use of a minibus and a number of residents spoke enthusiastically about the previous day's trip to a local park.

We spoke to a visitor and they told us that Primrose House was better than the previous two homes their relative had been in. They told us that they were satisfied with the care and when they had to raise an issue with the home's manager it had been dealt with to their satisfaction.

We spoke to a healthcare professional who visits the home and asked about the care with particular reference to hydration and nutrition. We were told that there were no concerns in this regard.

We looked at the care plans for three people and these raised no concerns.

Our judgement

People who use the service can be confident that the care will meet their individual needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke to an individual about how they might express any concerns should they have them. They told us that they could talk to their key worker or the home's manager and told us that they would feel confident to do so.

Other evidence

When we visited we saw that the staff noticeboard had information on safeguarding.

We asked a care worker about the arrangements for safeguarding people in the home and they told us about arrangements for the protection of vulnerable adults through the local authority's safeguarding procedures.

We know through notifications made by the provider that they report suspected cases of abuse and that they cooperate with the local authority's safeguarding procedures.

Our judgement

People who use the service are protected from abuse.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

There are minor concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We did not specifically ask people about this outcome area.

Other evidence

When we visited the home we saw that for the most part the home was clean and tidy with no unpleasant odours.

However we noticed that following breakfast spilt milk in the dining room was on the floor for some twenty minutes before it was cleaned up. Immediately following the lunchtime meal cleanup there was spilt food on the floor in the dining room and this was still there two hours later. A visitor who had used the room to sit with their relative commented to us that they felt this to be "disgusting."

A member of staff expressed a concern to us that cleaning staff were not available on nights or later in the day and this meant standards slipped at these times. We understood that on the day we visited, because of holidays, no dedicated housekeeping staff were on duty in the afternoon.

Our judgement

This is a minor concern. When dedicated staff housekeeping are not on duty cleaning tasks are not always completed.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

There are minor concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We asked two residents about whether they had to wait because staff were busy and they said that this did not happen frequently.

Other evidence

Prior to our visit we were told of concerns that on some occasions the home was short staffed and this resulted in difficulties for staff. We had approached the home's management to comment on these concerns and they assured us that this was not the case and provided us with staffing figures to support this

When we visited we looked at the rotas for the home and noted that the planned staffing levels were as we had previously been advised. However we saw that on many occasions the typed values for the total number of staff on duty had been changed to another, usually lower, value, which then appeared to represent a staffing shortfall. On further discussion we were told that because staff would have been temporarily transferred from other Southern Cross homes to cover these shifts the figures were not reliable. We asked the provider to send us copies of the full rotas for a seven week period together with a list of the actual staffing levels for each shift. These staffing figures indicated that levels had been adequate but could not be categorically evidenced.

A member of staff to whom we spoke told us that they were "sometimes short" and that it was difficult to get cover at the weekends. They also told us that it was "hard work" in the home but that they always received "lots of support" from the manager. Another

care worker told us they had no concerns about the staffing level in the home. A third care worker told us that they were sometimes "too busy" and that if people called in sick they were not always covered, particularly at the weekend. All care workers we spoke to assured us that a registered nurse was always on duty.

We spoke to a visitor and they offered the opinion that "sometimes staffing seems to be low."

We observed the lunchtime meal and noted that the staff did not appear to be rushed and that they had time to support people with care and consideration of their needs. We also saw that throughout the day staff took the time to speak and interact with residents. We noted that on the day of our unannounced visit there was no shortfall in the planned number of staff on duty.

We spoke to a healthcare professional who visits the home and asked if they had any concerns about any aspect of the home. They volunteered the opinion that on occasion they had the impression that there were "not enough staff".

Our judgement

This is a minor concern. Rostered staffing levels are appropriate but there may be occasions when staff shortages occur.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not specifically ask people about this outcome area.

Other evidence

We discussed how the provider monitored and assessed the quality of service with a senior manager who explained the systems to us. We requested that the provider sent us additional information following the inspection to explain how they achieved compliance with this outcome.

The provider gets feedback from the residents and their families and changes are made when needed. There is a system of audit that covers files, medication and other aspects of care. The provider examines individual incidents and complaints to identify underlying causes and also looks for trends in the data.

The provider has an internal inspection programme carried out by a quality team which, if required, results in action plans for the home. Three such inspections have been carried out at Primrose House in the last twelve months.

We saw that the systems described, together with those elements demonstrated to us on the day of the visit demonstrated the provider's compliance with this standard.

Our judgement

There are effective systems in place to monitor the quality of the service.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	Why we have concerns: This is a minor concern. When dedicated staff housekeeping are not on duty cleaning tasks are not always completed.	
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	Why we have concerns: This is a minor concern. When dedicated staff housekeeping are not on duty cleaning tasks are not always completed.	
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	Why we have concerns: This is a minor concern. When dedicated staff housekeeping are not on duty cleaning tasks are not always completed.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	Why we have concerns: This is a minor concern.	

	Rostered staffing levels are appropriate but there may be occasions when staff shortages occur.	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns: This is a minor concern.</p> <p>Rostered staffing levels are appropriate but there may be occasions when staff shortages occur.</p>	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns: This is a minor concern.</p> <p>Rostered staffing levels are appropriate but there may be occasions when staff shortages occur.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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