

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

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard

Details about this location

Registered Provider	Primley Housing Association Limited
Registered Manager	Mrs. Gail Collings
Overview of the service	Primley House 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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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 17 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by other authorities and took advice from our specialist advisors.

What people told us and what we found

We looked at four care plans, and spoke to four people who used the service. We spoke to a visiting GP, and the physiotherapist that works at the home. Everyone we spoke to said nice things about the way the service was run and the care they provided to people living there.

One person using the service told us "you won't find a better home."
We saw care workers interacting appropriately with people using the service by speaking to them at their level, and addressing them in their preferred way.

We found that Primley House had systems in place to ensure the care needs of the people living there were appropriately assessed, managed, and reviewed. This meant that people received appropriate safe and effective care.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We saw comprehensive records of people's care requirements in their care plans which reflected the individual needs and wishes of people who used the service. For example, we saw a care plan around epilepsy where a person liked to have rails on the bed to make them feel safe. We saw that this was risk assessed and the person had signed the plan in agreement with the arrangement.

We were shown the pre-admission assessment which was used to assess the needs and wishes of people before they moved into Primley House. The example we saw contained individual wishes around their preferred diet and other personal choices around personal care.

We saw that one person had an illness which meant they needed support with making important decisions around their care. We were shown evidence where a care plan had been developed around mental capacity, and as a result a best interests meeting and ongoing multidisciplinary meetings were being held with their family in order to plan the most appropriate care for this person. This meant that the staff providing care were aware of the mental capacity act and its implementation.

One person we spoke to told us that they would speak to the manager if they wanted to change parts of their care plan, but they have not wanted or needed to do this in the past.

This meant that people were involved in the care that they received and that they were involved in the development of the plan of their care.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at four care plans and saw that care plans were in place for all areas a person required care, including specialised care plans. For example, we saw a care plan in place to monitor a person's behaviour and the likely triggers that caused anxiety in order for the staff to learn how to better support this person. We saw that the local mental health team were involved in this persons' care, and that the requests of this team were followed as requested.

We saw the activities coordinator holding activities for people living in the home. This involved moving and catching a ball and we were told this was recommended evidence-based exercise planned by the physiotherapist that the home employs privately. We spoke to the physiotherapist who told us that each person has specific exercises and activities designed with them to maintain and improve mobility and dexterity.

One person in the home told us that they received regular sessions with the physiotherapist and that they welcomed the advice and support.

We saw the minutes of the residents meeting from the 30th of January 2014, and saw that people living in the home were being consulted around the choice of colour in the communal areas which were to be decorated.

We looked in a number of the bedrooms and saw that people living in the home had an input into their environment. We were told that one person became distressed due to the noise of the television in the room next door, and the manager explained to us how the wall was sound proofed to solve this problem.

We were shown the computer system in place with internet access for the use of people who lived at Primley House and their families to communicate over the internet using the web camera. This enabled people to keep in touch with family and friends that were not able to visit so often.

The manager showed us pictures and video clips from the Christmas party, valentines dinner, and a private birthday party the home put on for the people living in the home. One

person told us that the thing they enjoyed the most about Primley House was the activities that were put on.

A person living in the home told us that they felt well looked after and that when they had been admitted to hospital for a serious matter they felt safer because the manager accompanied them. The manager told us that staff went with people on all hospital visits and admissions.

We saw that Primley House reports all falls of people living in the home to the Devon Doctors' database, which allowed trends to be detected and medication reviews to be carried out for people. This meant that people were reviewed by health professionals in a timely manner and that the care they receive was effective and safe.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

During our inspection we looked at the kitchen and saw that there were notice boards for the cooking staff to be aware of the dietary requirements and wishes of people living at Primley House.

We looked at four care plans and saw that each one had a pre-admission assessment and ongoing care plan relating to nutrition and dietary requirements. We saw that this included weight measurements of people on a monthly basis to ensure that nutritional needs were met.

We saw that the staff had become concerned with the swallowing reflex of one person and had involved the speech and language professionals for guidance on the type of diet which would be appropriate for this person. The outcome of the assessment was clearly documented in the care plan for staff to follow and ensure that the person was free from the risk of inhaling their food.

One person told us "the food here is nice", and another said "they do well with me here as I don't like acidic food and they will cook especially for me if the food is something I don't enjoy".

The manager showed us the health and safety notices on the wall to remind staff of their responsibilities with regards to food hygiene.

We saw that the Primley House had been awarded the maximum 5 star food hygiene rating from their Environmental Health inspection in February 2013.

This meant that people living at Primley House were catered for appropriately and their nutritional needs were monitored.

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We looked in a selection of bedrooms and all the communal areas of the home and found that the building was free of unpleasant odours and the environment was tidy.

The furniture in Primley House was in good condition and we were told it had been purchased in the last year. We saw that the furniture and shelves were clean of stains and dust.

We saw that there were notices reminding staff of infection control procedures, and also cleaning lists and duties detailed. We saw that there was a daily, weekly and three-monthly cleaning schedule to follow, and the manager told us that rooms were deep cleaned when they were made vacant or the occupant was in hospital.

We saw the certificate where Primley House has been inspected by Environmental Health and had been awarded 5 stars for food hygiene standards.

We saw the equipment that the staff had access to in order to manage the cleanliness of the home. We saw that there were clear procedures and equipment in place for management of spillages of bodily fluids. This meant that people living and working at Primley House were safe from the risk of infection.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the storage of medications and saw that it was appropriately secured in lockable cabinets and trolleys which were chained or bolted to walls.

There was certificated evidence that all senior carers had undertaken medication training to show competency in medication administration. This was provided by the pharmacy that supplied medication to Primley House.

We saw that the medication administration records (MAR) sheets each had a cover detailing which person they related to. This information included a picture and room number of the person so that staff could be sure to whom the records refer. Each sheet was highlighted in colours relating to the colour of the blister packs given at specific times to assist staff in identifying correct timings for administering the medication.

We looked at the administration sheets for five people, and saw that over a month staff had signed the sheets and documented doses given clearly. However, the provider might find it useful to note that there were two signatures missing on one sheet with no reference given as to why this medication was not given. The manager told us that this had not happened before and that she would investigate into this.

We looked at the storage of controlled medication and saw that the log in place was correct for four medications which we checked. We saw the stock records held in the home, and we were shown the audit system in place to ensure that medication was reordered in plenty of time. This ensured that people were not at risk of running out of medication, and that they received their medication as prescribed by their doctor.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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