

Abbey Healthcare (Huntingdon) Ltd

# Primrose Hill Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Primrose Hill Care Home is a care home providing accommodation, nursing and personal care to older people and people living with dementia in one purpose built building. The service can support up to 60 people. At the time of our assurance visit there were 50 people using the service.

### People's experience of using this service and what we found

An action plan had been put in place in response to areas for improvement being identified following a visit from representatives of the Cambridgeshire & Peterborough Integrated Care System team. However, the action plan had not always been followed to ensure the improvements had been sustained. This had meant that people had not always had their wounds reassessed or dressed as planned. Food and fluid intake records and records for repositioning for those at risk of pressure ulcers had not always been updated by staff to demonstrate the care and support given. These records were also not reviewed by staff each day as required by the services action plan to ensure people were receiving the support they required.

People told us they felt safe living at Primrose Hill Care Home. Staffing levels had recently increased in response to a visit carried out by representatives of the Cambridgeshire & Peterborough Integrated Care System team. Staff told us that the increased staffing levels meant that they could spend more time with people. People received their medicines as expected. The prevention and control of infection was managed safely and in line with government guidance. Staff had been recruited safely and understood their responsibilities to keep people safe.

The registered manager was committed to addressing shortfalls identified during the inspection visit and driving forward improvements.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (report published 02 September 2019).

### Why we inspected

We received concerns in relation to people's safety and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. The registered manager took action during the inspection to ensure risk assessments and care plans were updated as necessary.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primrose Hill Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We have identified a breach in relation to actions within the services action plan were not always followed to check care and support was being carried out as expected. This would ensure people's needs were met in a timely manner.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Primrose Hill Care Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors carried out this inspection.

#### Service and service type

Primrose Hill Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Primrose Hill Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who live at Primrose Hill Care Home. We also spoke with the registered manager, regional operations director, deputy manager, two care assistants and a member of the domestic team. We reviewed a range of records. This included care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We requested some further records after we had visited the home so that we could conclude the inspection.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People did not always receive the care and support they required in a timely manner. For example, the records showed that two people out of the four we checked had not received their wound care on the planned day. This could put their health at risk.
- Risk assessments and care plans did not always contain current information for staff to follow. For example, one person's risk assessment and care plan had not been updated to include the information that they required thickener in their drinks. However, there was a poster in their bedroom advising staff about the thickener. The documents were updated before we left the home.
- A system was in place to record, monitor and analyse accidents and incidents. However, the names of people had not been added to the record for July to show if the same person was having more than one incident/accident. Lessons learnt were discussed with staff to reduce the risk of reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and reduce the risk of people suffering abuse. One person told us, "I definitely feel safe here, the staff know me well." Another person told us, "I feel safe, staff know what they are doing." Staff had received training and had a good understanding of the providers safeguarding systems and procedures. They were confident the management team would address any concerns and make the required referrals to the local authority.
- The registered manager was aware of their responsibilities for reporting concerns to the local safeguarding team and CQC.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Staffing and recruitment

- Staffing levels were determined according to peoples assessed needs. The registered manager confirmed that the tool used to calculate staffing had been updated and there had been a recent increase in the number of staff on each shift. Staff confirmed they now had more time to spend with people. There were sufficient staff to ensure that people were safe. We saw that staff were busy but also had time to stop and chat with people. One person told us, "I don't have to wait long for staff to help."
- Safe recruitment practices for permanent staff had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services. The provider confirmed that they had updated their recruitment policy to include a combination of both UK and overseas DBS checks for staff recruited from overseas in response to feedback during the inspection.

### Using medicines safely

- The records and levels of stock tallied to show that people received their medicines as prescribed. People told us they received their medicines on time.
- Medicines were administered by staff who had completed training and competency checks.
- Weekly audits of medicines in stock and corresponding records were being carried out to ensure that any discrepancies were identified quickly and the appropriate action taken.
- Action was normally being taken to ensure that medicines were not stored above the recommended temperature. This would help ensure that medicines would not spoil. However, the temperature wasn't always recorded, or the action taken when temperatures were out of range, wasn't always clear. The registered manager stated that action was being taken to provide a more appropriate storage area that would not exceed the recommended temperature.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The registered manager stated and we observed that the home was following the government guidance in relation to visitors to the home.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The quality assurance system had not always been effective at identifying areas for improvement and ensuring action was taken in a timely manner.
- The Cambridgeshire & Peterborough Integrated Care System team had recently carried out monitoring visits and identified areas for improvement. The provider and registered manager had responded and provided an action plan to make the necessary improvements. Although systems had been put in place to ensure that people received the support and care they needed at the right time; these were not followed on the days the registered manager was not working. This had placed people's welfare at risk.
- The registered manager was carrying out regular audits which the regional operations director was then checking during their visits to the home. However, the monitoring of care plans, wound care, repositioning charts and food and fluid intake was not always effective. For example, audits had not been identified that the food charts for people at risk of malnutrition were not being completed in a way that the information could be properly monitored, and action taken as necessary.
- The regional operations director stated that satisfaction surveys had not been given out to people who use the service or their relatives during the COVID-19 period. They stated that this would now resume.

We found no evidence that people had been harmed, however service oversight and governance systems were not always effective. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager understood their responsibility to be open and honest when things had gone wrong.
- The service worked in partnership with other organisations and health professionals to support people to maintain their mental and physical health and well-being.
- Throughout our inspection visit the regional operations director and registered manager were responsive to our inspection feedback and gave assurance this would be used to develop a plan to drive improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was continuing to update their knowledge and training. They were aware of the key challenges for the home and had an action plan in place to make improvements and meet regulatory requirements.
- Staff told us that they thought the training and support they received equipped them for their roles.
- Meetings had been held with the different staff teams in the home to ensure that staff were aware of their responsibilities for making the needed improvements.
- The registered manager stated that meetings with people living in the home and their family members were also being organised so that they could gain more feedback about the support provided. One person told us, "I'm loving it here. They treat me well."
- Equality and diversity support needs were well managed, and staff supported everyone to meet their specific needs. Information was available in the home for people and staff.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The quality assurance systems were not always effective in identifying improvements needed and taking the necessary action in a timely manner.</p> <p>Regulation 17(1)</p>