Broadoak Group of Care Homes

# Primrose Lodge

## Inspection report

Lingdale
East Goscote
Leicestershire
LE7 3XW

Tel: 01162697871

Date of inspection visit:
31 October 2016

Date of publication:
07 December 2016

## 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? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

We inspected the service on 31 October 2016 and the visit was unannounced.

Primrose Lodge is a residential care home and provides care for up to 15 people. There were 15 people were using the service when we visited and many were living with dementia.

At the time of our inspection there was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives had no concerns about their family members' safety. Staff understood their responsibilities to protect people from abuse and avoidable harm and to remain safe. The provider had procedures in place to manage incidents and accidents. These included seeking the support of health care professionals to reduce future occurrences. Risks to people's health and well-being were assessed and reviewed. For example, where a person was at risk of damage to their skin, staff had up to date guidance available to them that they followed.

Staff that applied to work for the provider had checks on their suitability carried out before they started their employment. This included references from their previous employer. We found that the provider had employed suitable numbers of staff to meet people's support requirements.

People received their prescribed medicines safely by trained staff who were assessed for their competency. The provider had made guidance available to staff on the safe handling of people's medicines that we saw them following. This included staff storing people's medicines safely.

Staff had the necessary skills and knowledge to offer effective care to people. Staff received training in areas such as health and safety and infection control. Staff received an induction when they started working for the provider so that they were aware of their responsibilities. Staff also received regular guidance and feedback from a manager to make sure they were offering care that met people's care requirements.

People were supported in line with the Mental Capacity Act 2005. People were asked for their consent when staff offered their support. Where there were concerns about people's ability to make decisions, the registered manager had assessed people's mental capacity. The provider told us they would make improvements to make sure that these assessments always followed the requirements of the Act. The registered manager had made applications to the appropriate body where they had sought to deprive a person of their liberties.

People and their relatives were satisfied with the food and drink available to them. We saw that mealtimes

were enjoyed by people. The provider had sought specialist advice where there were concerns about people's eating and drinking. People were supported to maintain their health and well-being. This included having access to healthcare services such as to their GP and physiotherapist.

People's dignity and privacy was respected by staff who showed kindness and compassion. We saw that people's care records were stored safely and staff spoke about people's care requirements in private. People's families could visit without undue restriction to maintain relationships that were important to them.

People were supported to retain skills to maintain their independence. For example, some people required extra time to enable them to walk and we saw staff offering this. Some people were involved in decisions about how their care was provided. Other people received the support from their representatives who were involved in making decisions about their care to make sure it was provided in ways that were important to people.

People undertook activities that they were interested in. We saw people spending time with staff members in ways which they enjoyed.

People's representatives had opportunities to contribute to the planning and review of their family members' care. We found that people's care plans were focused on them as individuals and detailed their preferences and individual support requirements. This meant that staff had up to date guidance when offering care to people. Staff knew about the people they cared for including their preferences for how they wanted their care to be carried out.

People's relatives knew how to make a complaint. The provider displayed their complaints procedure so that visitors knew the procedure to follow should they have wanted to make a complaint.

Staff felt supported by the registered manager. They were knowledgeable about their responsibilities including how to report their concerns about the unsafe or inappropriate practice of their colleagues should they have needed to.

The service was well-led and people's relatives and staff confirmed this. The provider had made available to people, their relatives and staff opportunities to give feedback about the quality of the service. The registered manager told us that if improvements were suggested, they would take action.

The provider had arranged for checks on the quality of the service to be undertaken to make sure it was of a good standard. For example, checks on the cleanliness of the home took place. The registered manager was aware of their registration responsibilities including notifying CQC of significant incidents that occurred at the home.

## 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.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

There were a sufficient number of staff to meet people's care requirements. They were checked for their suitability prior to working for the provider.

People received their prescribed medicines in a safe way.

### Is the service effective?

Good

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were asked for their consent by staff when offering their support. Where there were concerns about a person's ability to make decisions, the provider did not always follow the requirements of the Mental Capacity Act 2005.

People were satisfied with the food available to them and were supported to eat well. They had access to healthcare services when they required them.

### Is the service caring?

Good

The service was caring.

People received care in a kind and compassionate manner. People's personal histories were known by staff members.

People received the support they required to retain their skills and independence.

People or their representatives were involved in making decisions about how their care was delivered.

### Is the service responsive?

Good

The service was responsive.

People's representatives had opportunities to contribute to their family members' care requirements. People received care based on their preferences.

People took part in activities and interests that they enjoyed.

People's relatives knew how to make a complaint.

## Is the service well-led?

Good

The service was well led.

Staff were supported by the registered manager and knew their responsibilities.

People, their relatives and staff had opportunities to give suggestions about how the service could improve.

The registered manager was aware of their responsibilities and the provider had checks in place to monitor the quality of the service.

# Primrose Lodge

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 31 October 2016 and was unannounced. The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection visit we spoke with ten people who used the service. People were not able to give us detailed feedback due to their memory difficulties. We also spoke with six of their relatives. We spoke with the registered manager, the deputy manager and four care assistants. We also spoke with three visiting health care professionals to gain their feedback about the quality of the service. We used the 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 the care records of three people who used the service. We also looked at records in relation to people's medicines, health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the registered manager had undertaken. We looked at two staff files to look at how the provider had recruited and how they supported staff members.

Good

# Is the service safe?

## Our findings

Relatives were confident that their family members were protected against abuse. One told us, "I have no concerns about bullying or neglect. They are safe." Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "I would go straight to a senior with any concerns. I would check things out with them. I could also go to the manager, the owner or CQC [Care Quality Commission] if necessary." Staff were able to identify different types of abuse and signs that someone may be at risk of harm. The provider had policies to keep people safe from avoidable harm and abuse that staff could describe. We saw that staff had received training in keeping people safe which staff described as helpful so that they knew their responsibilities. This meant that staff knew what to do should they have had concerns that people were at risk of harm.

Staff knew how to reduce risks to people's health and well-being. One staff member told us, "We try to stop injuries where we can. For example, one person is unsteady on their feet so we walk with them." We saw that the provider assessed and reviewed risks associated with people's care. We saw that risk assessments were completed where there were concerns about people's health. For example, where people were at risk of injury to their skin, the provider had guidelines in place for staff to follow. These included regular repositioning of people where they required assistance to move to maintain the health of their skin. We saw this occurring during our visit and records kept about this support were accurate. This meant that risks associated with people's support were managed to help them to remain safe.

We saw that the amount people drank was monitored by the provider. Although we saw that people were supported to drink well and their relatives confirmed this, the registered manager had not detailed within their monitoring charts the target amount of drink for each person. They said they would add this to people's care records to guide staff about the required amount of fluid each person required.

Relatives told us they felt the home was safe. One told us, "The environment is clean and tidy. I have never had any concerns". We saw that the provider checked the environment and equipment to minimise risks to people's health and well-being. The provider had checked the fire alarm system as well as the temperature of the hot water to protect people from scald risks. We saw that some people were at risk of falling. The provider covered radiators to reduce the risk of harm to people from hot surfaces. The deputy manager told us that one radiator required a cover and that they were taking action to get this completed.

The provider took action when an incident or accident happened. We saw that records of these detailed where staff had sought the support and guidance from health care professionals to help people to remain safe. For example, one person was receiving the support of specialist health care professionals. This was to support them to manage their anxieties and behaviour that could cause risk to themselves and others. We saw that the registered manager notified other organisations to investigate incidents further where this was required such as the local authority. This meant that the provider took action to reduce the likelihood of future accidents and incidents.

The provider had emergency plans in place to keep people safe should there be an emergency such as a fire.

These plans detailed the support each person would require to help them to leave the building should it be necessary. We saw that the provider had identified alternative accommodation to be used in an emergency. This meant that the provider had considered people's safety should a significant incident occur.

People's relatives had no concerns about the number of staff available to support their family members. A health care professional told us, "They always give me someone when I need staff for 20 minutes [to provide information and any care support] and I visit twice a week." Staff members described how people's support requirements were met as the number of staff available to them was sufficient. One said, "There's enough. We cover each other and work together." We found that staff numbers were suitable and staff had the time they required to offer people care in a safe way.

The provider had recruitment processes in place that they followed when they sought to employ new staff. This included the provider obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We saw within staff records that these checks took place. This meant that people were supported by staff who were appropriately verified.

People's relatives were confident that their family members received their prescribed medicines when they needed them. One said, "I'm very happy. Staff always ring to tell me if there are any changes." We saw a staff member offer people their medicines. They made sure that the medicines trolley was secured every time they left it so that people could not access it. We saw that they sought people's consent to administer their medicines and recorded when the person had taken it. We looked at ten people's medicines records and found these were completed when people were offered their medicines. We saw that where people were offered pain relief, the amount was not recorded. This is important for staff to record because if health care professionals needed to provide emergency care, the amount of medicines people had taken would need to be known. The deputy manager told us they would inform staff to record this.

Staff told us that they were trained in the safe handling of people's medicines and training records confirmed this. We saw that a manager undertook observations of their practice to ensure they handled medicines safely. We saw that the provider had made available to staff members procedures and guidance on the safe handling of people's medicines that staff could describe. For example, some people had prescribed medicines to take as and when required, such as to help with their anxieties. We saw that there were guidelines for staff to follow that detailed when these medicines could be offered to people. This meant that staff knew their responsibilities and received guidance to handle people's medicines safely.

Good

# Is the service effective?

## Our findings

People received care from staff members who had the necessary knowledge and skills. A relative told us, "I think staff are well trained and competent." Staff members told us they received training to help them to understand how to effectively offer care to people. One staff member told us, "Training is very good quality. The dementia training was interesting and made you think about how you speak with people so that they can understand you." We saw training records and certificates showing that staff had received training in topic areas such as health and safety and infection control. This meant that staff received up to date guidance when offering care and support to people.

Staff members described their induction into the home positively. One told us, "The induction was good, I was shown where everything was in the building and had time to get to know the residents." Another said, "I shadowed the senior, it was useful to get to know about people." The registered manager told us that they offered a full induction to staff so that they understood their responsibilities. They told us that no-one was currently completing the Care Certificate as there were no new staff that required this but it would be offered when required. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

People were supported by staff who received guidance from a manager. One staff member told us, "Supervision is about every three months. They talk to us about if we need any training and how to improve." Supervision is a process where a manager gives feedback on a staff members' practice and offers opportunities to discuss topic areas such as training and guidance. We saw that staff had received a supervision within the last two months. The deputy manager told us how they supervised staff in a variety of ways. For example, they told us of spot checks they had undertaken as well as observing staff administering medicines. Records confirmed these had occurred. This meant that staff received guidance and support on how to provide effective support to people.

The Mental Capacity Act (MCA) 2005 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 provider was working within the principles of the MCA.

Where there were concerns about a person's ability to make decisions, the registered manager had completed mental capacity assessments. These were completed to determine people's understanding for decisions in topic areas such as receiving personal care and handling their own medicines. We saw that the assessments did not always focus on one particular decision and the provider had sometimes grouped topic areas together. We spoke with the registered manager about this. They told us that one person did have capacity for some areas of their life such as managing some of their own medicines but not for other decisions. They told us they would review all of the mental capacity assessments to make sure that each significant decision was assessed on its own so that it was clear about people's understanding of them.

Where people were determined to lack capacity, for example, to reside at Primrose Lodge, a decision was made in their best interests. The registered manager had included others involved in the person's care such as family members in order to make the decision. We saw that it had been recorded in people's care plans that some people had legally appointed representatives (usually family members) to make decisions on their behalf. They had signed their family members' care plans on their behalf to state their agreement with it. We spoke to the registered manager about this as we could not see verification of their legal entitlement to do this. They told us they would ask people's relatives for this.

We saw staff asking people for their consent when offering them care and support. Some people were confused when staff spoke with them. We saw staff saying things in different ways and gave people time to understand the communication. This helped people to make decisions about their care. Staff understood their responsibilities to support people to make choices and where this was not possible, what action would need to be taken. One staff member told us, "We don't override or take for granted that they can't decide. We let people have a choice wherever they can. They have mental capacity assessments where they can't." This meant that people's human rights were protected by staff who knew their responsibilities.

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 MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made the appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive someone of their liberty. Staff members understood when a DoLS authorisation might be required. One staff member told us, "If need be you can restrict people so they don't come to harm themselves. It has to be agreed."

People and their relatives told us they were satisfied with the food and drink available. One told us, "It's nice." Another said, "They ask us what we want. It's all good food." A relative told us, "We have no concerns at all." We saw that people were offered fruit during the morning which people looked happy to receive. We also saw regular drinks offered to people. We observed mealtimes and people looked happy with the food they had chosen. Where people required assistance to eat and drink we saw staff sitting with them and helping at a pace that was suitable to the person. People's care plans detailed their likes and dislikes which staff could describe. We saw staff asking people what they wanted for their meals and took time to listen to people's responses. Where there were concerns about people's eating and drinking, the registered manager had sought specialist advice. We saw staff offering food and drink that was in line with guidelines received from a specialist, such as a soft diet for one person. This meant that people's nutritional needs, based on their preferences and requirements, were met.

People were supported to maintain their health. A relative told us, "They always refer people to medical and GP appointments and look after people's medical health." A health care professional described how staff were effective in supporting people's health and well-being. They said, "They are proactive and know people well. It's one of the better homes, they seem to have a handle on things like diet, fluid intake and their records are good when we visit. They refer to the GP when necessary and are always ready for us when we arrange to visit." We heard the deputy manager speaking on the telephone to a health care professional. They gave details of a person's changing health and requested additional advice and support. People's care records detailed their health needs to give guidance to staff on how to offer care. We saw records of health appointments people had attended which included visits to see their GP and physiotherapists. In these ways people's healthcare needs were met.

Good

# Is the service caring?

## Our findings

People and their relatives told us that the care and support offered by staff members was kind and compassionate. One person said, "They are good here" whilst another told us, "They are so caring." A relative told us, "They are kind and caring." We saw staff members talking to people in a kind and caring manner. Where people required reassurances or support when they became confused, staff offered this in a considerate way and spent time sitting and talking with them. We found that good relationships had been established between staff and people. One staff member supported a person to dance to some music that they enjoyed and they were smiling and laughing with them.

People's dignity and privacy was respected. People and their relatives told us that staff members treated people with dignity by speaking with them kindly and always talking with people about what they were doing. Staff members told us about how they worked in ways to protect people's dignity and privacy. One said, "We just tell them what we are doing even though they can't always tell us. I still talk to people." Another told us, "I knock the door before I go in. It's about respect." We saw staff working in ways that were respectful of people. We heard one staff member say to a person, "Would you mind if I take you to your room to talk to the lady from the memory clinic?" We saw that there were signs on people's doors informing others if they were having private time or if they were welcome to come in. In these ways staff showed respect to the people they were supporting.

Staff knew the importance of keeping people's care records secure to protect their right to privacy. This was because the provider had made available to them a policy on confidentiality that they were able to describe. We also saw staff following this. For example, we saw that people's care records were locked away in secure cabinets when not in use. We also heard staff talk about people's care requirements in private and away from those that should not hear the information. This meant that people could be confident that their private information was handled safely.

Staff members knew about the people they were supporting. One relative told us, "They know my relative well." Staff members described how they got to know people including things that were important to them and their personal histories. One staff member said, "We can ask families, look at people's care plans or ask staff who have been here longer [than them]." We saw that people's care plans included details about significant life events for each person. These included their work background, if the person had been married and holidays that people had enjoyed. Staff could describe people's backgrounds when we asked about them. We heard staff talk with people about things that mattered to them. One staff member was talking to a person about their music interests and showed an understanding of their personal tastes. This showed that staff members knew the people they offered care to.

Most people living at Primrose Lodge required support with all of their care due to their memory difficulties. However, people were supported by staff members to retain the skills they had for as long as possible. Staff members told us how they supported people to remain independent. One said, "I try to offer choices to people where they can make one. If they can't make a choice I go on what they used to like." A health care professional told us, "They are always keen to help people progress. For example, with a new resident they

always give me someone [staff member] when I need staff for 20 minutes [to share information]." We saw staff members asking people about their food choices and how they wanted to spend their time. Staff took their time and gave each person the opportunity to respond to what was being asked. We also saw staff assisting people to walk. One person was supported to retain their mobility by staff gently instructing them how to walk safely by using prompts. This meant that staff supported people to retain their skills and abilities.

Most people had the involvement of a legal representative to help them to make decisions about their care to make sure it was delivered in ways that was important to them. The registered manager told us that some people may receive the support of an advocate in the future once their DoLS authorisation was in place. This would be to make sure that any restriction on people's freedom was undertaken in the least restrictive way. An advocate is a trained professional who can support people to speak up for themselves. This meant that the provider was aware of when people may need additional support to make decisions.

People's relatives and staff members told us there were no undue restrictions on visiting. One relative said, "I visit twice a week [when they wanted to]. Staff are always friendly." A staff member told us, "Visitors can come whenever they want. We try to avoid mealtimes though as we're busy helping people to eat." This meant that the provider made sure that people continued to maintain relationships that were important to them.

Good

# Is the service responsive?

## Our findings

People received care and support that was focused on their preferences and individual requirements. A relative told us, "My relative always smells nice and is clean and tidy, better than when they were at home." Staff described how they offered their care based on what was important to people. One said, "I do what the residents want, to follow their steps not mine." Staff members also told us how they adapted their approach based on the person they offered their support to. One staff member said, "You have to understand them. There are all different types of dementia. You have to get to know what they need." We saw that when people requested support this was undertaken by staff without having to wait unduly. One person asked a staff member for a snack and this was responded to quickly.

We saw staff responding to people's changing support requirements. For example, one person was finding it difficult to stand from their chair. A staff member noticed this and they offered the person equipment to assist them which the person accepted and thanked staff for. We saw that sometimes staff did not always explain the drinks and food that was offered to people. This was important as people may have forgotten what they had previously chosen due to their memory difficulties. We spoke to the registered manager about this who said they would remind staff to do this so that people were reminded about what they had chosen.

Where people or their representatives had chosen Primrose Lodge to provide the care they required, the provider had completed a pre-admission assessment. We saw that these assessments contained basic details of the person so that the provider could be sure that they could meet their care requirements and preferences. We saw that these were then used by a manager to develop a full care plan for each person that staff had access to. These gave staff guidance on how to provide care to each person.

People's care plans were centred on them as individuals and contained information about their likes, dislikes and preferences. We read about one person's preferences for the time of when they got up in the morning and when they went to bed. We also read about people's preferences for the amount of pillows they preferred and if they liked to have a small lamp on during the night. Staff knew about people's care plans and could describe information recorded within them. For example, one staff member told us about how one person preferred particular drinks and how others enjoyed spending their time such as reading newspapers. This meant that people could be sure that they received care centred on their preferences.

People's representatives contributed to the planning and review of their family members' care. One relative told us, "They ask you to write a story like a life story, they are very thorough." Another said, "Their care plan has evolved. I am asked for my views on regular visits. We are going along with the same views. We are more than happy." A health care professional told us how the provider was good at making sure people's care requirements were reviewed. They said, "They are generally very good with families, inviting them to reviews." We heard the deputy manager describe to staff how one person's care plan would need a full review as they were in hospital and their care requirements had changed significantly. We saw that people's care plans were reviewed every month or when a change arose to a person's care requirements. This meant that staff had up to date information and guidance about how to provide support that met people's support

requirements.

The provider had made adjustments within the home to respond to the needs of people with memory difficulties. We saw signs on doors indicating what each room was for. We also saw that people had their photograph and name on their doors to help them to identify their own rooms.

People's relatives were satisfied with the activities on offer to their family members. One told us about an area the provider could improve on. They said, "The only thing I'd change is that they sit in the big lounge a lot. Perhaps staff are too busy." When we visited we saw that people were taking part in armchair exercise which they were enjoying. We saw staff offering some people individual activities based on their interests. For example, some people were offered newspapers and one person was looking at a puzzle book. During the day we found that some people were not offered individual activities. We spoke to the registered manager about this who told us that there was an activities co-ordinator in place but they were on holiday who would normally offer people activities that they were interested in.

On other occasions we saw some examples of staff being responsive to people's specific interests. We heard the deputy manager telling visitors about a patchwork blanket that people had made during a knit and natter group. The brought it out and showed them. We saw one staff member put on some music that two people instantly recognised and started to sing quietly to. Another staff member then invited one person to dance with them saying, "You used to dance to this with your husband." The person looked content and enjoyed reminiscing. We saw that there was a weekly activities programme displayed for people to see that used pictures to help their understanding. These activities included singing, a church service and visits by a hairdresser. These were things that were important to people as documented in their care plans. This meant that the provider was responsive to people's interests.

People's relatives knew how to make a complaint should they have needed to. One relative told us, "We know the assistant manager quite well. We are confident she would sort things out if there was a problem." Another said, "If I had a complaint I would go to the manager. My relative seems happy and content." We saw that the provider's complaint's procedure was displayed within the home so that visitors knew what process to follow should they have wished to make a complaint.

Good

# Is the service well-led?

## Our findings

People's relatives and staff members told us that the home was well-led. One relative told us, "I am very happy with our choice of home." Staff members commented, "It's good, they make improvements here, they needed to" and, "The home is better than it was when you [CQC] came before. It's cleaner." One relative offered feedback about the outside space that was available for people. They told us, "A back garden, if they could go out in that would be great [that was secure]." We saw that there were benches to the front of the home that staff told us people enjoyed in warm weather. The registered manager told us that they would consider the feedback about the suggestion for an enclosed rear garden.

We found that Primrose Lodge was well-led. The provider had arrangements in place to seek feedback from people and their visitors. We saw that residents meetings occurred and covered topic areas such as the quality of the food and activities. We read that people gave positive feedback about the care they received. We saw that questionnaires had been sent to people's relatives during 2016. We read about suggestions for food options. The registered manager told us that they had not yet received all of the responses. Once they had, they would write to people's relatives informing them of any action they were going to take to make improvements where this was required. This meant that the provider listened to feedback they received and were open to making improvements should they be required.

Staff members told us that they received good support from the managers. One said, "They are very good bosses, very thoughtful, very caring." Another told us, "She [registered manager] is very experienced and knowledgeable. She answers any questions straight away." Staff described how they were able to give suggestions to improve the quality of the service people received. One said, "I suggested armchair exercise for people and they took it on board and now we do it. People are really enjoying it." We saw that the deputy manager was available to staff throughout the day and listened and responded to their questions and concerns. This showed effective leadership.

The provider had arrangements in place to check that staff understood their responsibilities. Staff members told us that they attended regular team meetings with a manager. One said, "The meetings are every two to three months." We saw that these meetings covered topic areas such as encouraging people to drink sufficiently and general reminders for staff on providing good quality care such as protecting people's dignity. We also saw that staff were asked for their feedback on how they thought the home was running. The registered manager told us that another staff meeting was due as there had not been one for several months and they would arrange for this to happen. This meant that the provider made sure that staff knew their responsibilities as well as offering them opportunities to give their feedback.

We saw that the provider had made available to staff policies and procedures that detailed their responsibilities that staff were able to describe. These included a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. One told us, "I'd report it to the manager straight away. I can report it to the owner or CQC."

The provider had aims and objectives that were displayed so that people and their visitors would know what they could expect from the service. We read that the provider sought to provide care on an individual basis and to support people to retain their skills. Staff members could explain what Primrose Lodge strove to achieve. One staff member told us, "To make sure people are in a safe, caring environment and that they are happy." We saw staff working to the provider's aims and objectives when we visited such as supporting people to retain their skills. This meant that staff knew about the aims and objectives of the service and offered their support in line with these.

The registered manager and provider were meeting their conditions of registration with CQC. We saw that our last inspection rating was displayed so that people and their visitors could see our most recent judgment of the service. Where significant incidents had occurred at Primrose Lodge, the registered manager had sent notifications to CQC, as required by law, so that we could determine that appropriate action had been taken. This showed that the provider was open in its approach to sharing information about the home.

The provider undertook a range of checks on the quality of the service to make sure it was of a high standard. We saw audits in areas such as where people had fallen, on people's medicines to check they had been given as well as on the cleaning within the home. We saw that the provider had not recorded that action was required to make improvements. The registered manager confirmed that action had not been necessary and told us that if they needed to make improvements they would. Staff told us that a manager observed them during their work. One told us, "They do watch us to make sure we are doing things ok." We saw that unannounced checks by the deputy manager occurred as well as staff being observed administering medicines. This meant that the delivery of the support people received was reviewed to make sure it was of a good standard.