Roseberry Care Centres (England) Ltd

Primrose Lodge 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 effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Primrose Lodge Care Home is a purpose-built residential care home providing accommodation and nursing and personal care to up to 48 people. The service provides support to younger adults, those with a physical disability and people over the age of 65, including those living with dementia. At the time of our inspection there were 43 people using the service.

Care is provided over two floors each with private rooms and a series of communal facilities. The upper floor supports people predominately with nursing needs, although three people with nursing needs were also being supported on the ground floor.

People's experience of using this service and what we found
This was a targeted inspection that considered the areas; safe, effective and well led.

People were not always kept safe. Appropriate systems to manage and control infections at the home were not followed. Improvements had not been made around the effective management of topical medicines. Staffing was an ongoing issue for the provider, although appropriate recruitment processes were followed. People, relatives and staff felt there were times when there were not enough staff. Agency staff were used to supplement staffing complements, although checks on their skills and qualifications were not always carried out in a timely manner. People felt staff tried hard to support them and felt safe living at the home. Risks related to care and the environment were monitored and reviewed.

People's care plans were detailed and reviewed on a regular basis. There were mixed views on access to training. Staff supervision and appraisals were not undertaken consistently. People had mixed views on the meals, although a new chef had recently started at the home. Fluid charts and records were not consistently completed.

People were supported to have maximum 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. Practice around the Mental Capacity Acting and ensuring appropriate consent had been obtained had improved.

Management of the service was of variable quality. Audits and checks were not always robustly followed up and had failed to identify gaps in records or to act when issues were identified. People's views on the service had been sought and acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.
The last rating for this service was requires improvement (published 30 April 2022). The provider remains

rated as requires improvement. This is the second inspection where the provider had been rated as requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that whilst the provider had made improvements in some areas they remained in breach of regulations.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 7 and 8 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve medicines management, ensuring appropriate consent was sought, develop better systems to ensure cleanliness and infection control and implement oversight and quality monitoring of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

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 remains requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 Lodge Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to infection control, medicines management, staffing and oversight and management of the service at this inspection.

We have made a recommendation in relation to monitoring and recording people's fluid intake.

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

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Requires Improvement

The service was not always safe.
Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was effective.
Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-led findings below.

Primrose Lodge 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
The inspection was carried out by 2 inspectors.

Service and service type
Primrose Lodge 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 Lodge 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 4 people who used the service and 2 relatives who was visiting the home. We spoke with 8 members of staff including the regional operations manager, the registered manager, the deputy manager/nurse, a care worker, 2 members of the domestic staff, a laundry assistant and the head chef. Following the inspection, we emailed 10 members of staff seeking their views on the service and received 3 replies.

We looked at a range of records including 3 care plans and a number of medicines and other clinical notes. We also reviewed a range of management and quality monitoring documents regarding the running of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, dependency records and quality assurance records.

Requires Improvement

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.

Preventing and controlling infection
At the previous inspection we had found issues with the management of infection control in the home, particularly around the cleaning of high-risk areas and effective use of personal protective equipment (PPE). This was a breach of regulation 12 (safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that not enough improvement had been made in this area and the provider remained in breach of this regulation.

• System to ensure appropriate infection control practices were followed were not robustly implemented.
• At the previous inspection we had raised concerns about the need to ensure high risk and frequent touch points were regularly cleaned. At this inspection we found records relating to this practice were poorly completed and staff told us they did not have time to undertake this task thoroughly. One staff member told us, "We can't always get all the rooms done and I haven't had much of a break today. The high-risk areas, we just do them as we go along."
• The home had recently managed an outbreak of Norovirus, an infection that can cause diarrhoea and vomiting. Cleaning records during this high-risk period were incomplete and did not demonstrate that appropriate infection control processes had been followed.
• Staff were not always following safe infection control practices and did not always wear masks in line with national guidance on effective use of PPE. The provider's own guidance stated that staff should wear gloves when supporting people during mealtimes. The majority of staff did not follow this practice.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate infection control and cleanliness were effectively and safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
At the previous inspection we had found issues with the management of medicines, particularly around the use of topical medicines (creams and lotions) and those medicines given 'as and when required.' This was a breach of regulation 12 (safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough progress had been made in addressing these issues and the provider remained in breach of this aspect of the regulation.

• Topical medicine records contained significant gaps in recording. Some people's records showed no records for the full months of September and October. People's main medicines records indicated they

continued to be prescribed topical medicines during this period.
• One person told us they applied a prescribed cream to their legs themselves. The person's medicines records did not indicate this cream was prescribed and contained no risk assessment related to this self-application.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate topical medicines were effectively and safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Other medicine records were up to date and well completed. Controlled drug records were correct and up to date, although some items were over-stocked and needed reviewing.
• Instructions were in place to support staff when they were offering people 'as and when required' medicines.
• Staff had received training in the management of medicines and audit processes were in place, including observing staff were carrying out medicine administration safely.

Staffing and recruitment
• People, relatives and staff told us staffing levels were sometimes low and there was frequent use of agency staff. A relative told us, "They are short of staff. Sometimes there are no staff in the lounge to stop people from standing up and falling. When I ring it takes them ages to answer the phone." A person told us, "I often have to wait a while for staff to come and help me. When they do come, they are okay, but I have to wait."
• Staff told us there were times when there were not enough staff. Domestic staff and maintenance staff were required to assist people during mealtimes, taking them away from their primary duties. Comments from staff included, "My only concern is the shortage of staff, which (registered manager) does their upmost best to cover with staff doing overtime and agency workers"; "I do not think anything works well at the home. The staffing numbers can be simply dangerous" and "They are papering over the cracks. Sometimes there are just two care workers upstairs and one downstairs."
• We asked the provider for a copy of the dependency tool used to determine staffing levels. Staff we tried to speak with on the second day told us they were busy reviewing dependency levels because the regional manager wanted the figures. We were only sent the November dependency figures.
• On the first day of the inspection the service had 3 agency staff working at the home. The registered manager told us they had had difficulty in getting the agency staff information, to assess if they were suitable, prior to them starting work at the home.
• Staff recruitment processes were appropriate including the undertaken of Disclosure and Barring Service (DBS) checks and the taking up of two references. There were limited probationary assessment records on file.
• The registered manager and regional manager told us the provider had taken steps to try and address shortfalls by increasing pay rates and instigating a range of other bonuses. They told us there had several staff waiting final checks and due to start in the coming weeks.

We found no evidence that people had been harmed however, systems were not in place or robust enough to demonstrate effective management of staffing to ensure people's needs were met. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes
• Systems were in place to ensure people had regular visitors and could keep in contact with their friends and family.

• We witnessed a number of visitors around the home during our inspection.
• Relatives told us they felt welcomed and supported at the home.

Systems and processes to safeguard people from the risk of abuse
• The provider had in place a safeguarding policy and staff had received training in safeguarding procedures.
• Safeguarding concerns had been reported to the local authority and notifications made to the CQC, as appropriate.
• People and relatives told us care delivery at the home was safe.

Assessing risk, safety monitoring and management
• Risks related to the delivery of care and maintaining a safe environment were monitored.
• People's care records showed staff reviewed risk areas such as skin integrity, weight loss and risk of falls on a regular basis.
• Checks on the environment including fire safety equipment, hoists and lifts and electrical equipment were undertaken.
• People had plans on how to support them in the event of an emergency or a fire.

Learning lessons when things go wrong
• Accidents and incidents were recorded and monitored monthly, and action taken where appropriate.
• The registered manager had carried out a number of analysis projects following incidents to identify how systems could be changed or improved.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
• Staff had not always received support and oversight of their work. Records indicated some staff had received 2 or 3 supervision sessions whilst other staff had received none.
• Supervision records up to July 2022 showed staff engaged in a two-way process. Supervision records after this date were corporate, many records were identical and did not demonstrate effective engagement. One staff member told us they had not had a supervision session since they started working at the home. Some staff told us they had not been subject to an induction process. Other staff told us they had been supported by existing staff when they first started.
• Records showed no annual appraisals had been undertaken since January 2022. The registered manager told us they were just arranging to do staff appraisals. A staff meeting held in October stated the registered manager was looking to start appraisals in the following 3 months.
• Staff had mixed views on training. Some staff told us they could access the online training. Other staff told us they had not received training including important aspects such as safeguarding and moving and handling. Individual training records we were sent showed only a percentage complete and not detail of what courses had been undertaken, meaning we could not be sure that non-care staff had completed care related training.
• Training records sent to us showed an overall training percentage, rather than an individual staff breakdown. Most areas were showing 90% completion or more. However, some key areas were lower including; fire safety (drills) 77%, fire safety (practical) 74%, moving and handling (practical) 61% and promotion of continence 77%.

We found no evidence that people had been harmed however, systems were not in place or robust enough to demonstrate staff had received effective and timely support in their roles. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet
• There were mixed views of the food served at the home. Some people told us they enjoyed the meals, whilst others felt they could be improved. The home had recently employed a new chef. They had a good understanding of people's individual dietary requirements. They spoke about improving the quality and range of meals at the home. At a residents' meeting people reported meals had improved since the new chef had taken up post.
• People's weight and food and fluid intake were monitored. Fluid intake records were poorly completed,

and people did not always reach the target figure set for fluid intake. Monthly records were not well completed, often with only half the days having fluid levels recorded.

We recommend the provider reviews the fluid intake system to ensure that targets are appropriate for the individual concerned and action is taken if people do not consistently reach the required target.

Ensuring consent to care and treatment in line with law and guidance
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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection we found that people's consent had not always been obtained or their mental capacity assessed when action was taken to support them using potentially restrictive practices, such as the use of sensory mats or alarms. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and was no longer in breach of this regulation.

• Where sensor mats or alarms were in place then a best interests decision had been taken to ensure it was right for the individual.
• The registered manager kept a record and regularly reviewed people who were subject to DoLS restriction and assessed whether a further application was required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's need and choices were supported.
• People and relatives told us staff provided good support and they were happy with the care they received. Relatives told us they felt involved in care decisions. Comments included, "I think (relative) is getting good care. They seem to look after them" and "I'm involved in care decisions. We have regular meetings, or they update me by phone or when we pop in."
• Care plans were written in line with professional guidance, although monthly reviews were often limited in detail.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People were supported to maintain their health and wellbeing.
• Care records demonstrated professionals visited the home frequently and staff contacted health and social care professionals for advice and support.

Adapting service, design, decoration to meet people's needs
• Some areas of the home had recently been redecorated. Some rooms lacked a feeling of homeliness and were bare. The upstairs lounge was dark and under lit. We spoke with the registered manager and regional

manager. By the second day of the inspection improvements had been made and the ambiance of the lounge areas had improved.
• The garden was overgrown and in need of some improvement. The regional manager said there were plans to improve this are in the spring.

Requires Improvement

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 requires improvement. The rating for this key question has remained 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
At the last inspection we found management systems were not robust. Audits and quality monitoring processes were not followed and had failed to address issues found at the inspection. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvements had been made to address these issues and the provider remained in breach of this regulation.

• Management remained inconsistent and oversight of the service continued to lack robustness.
• A range of audits and checks were in place but action to rectify issues was not taken. Management reviews highlighted gaps in records for infection control and fluid intake. However, there was no evidence that action had been taken to address these shortfalls. Cleanliness had not been rigorously overseen during the recent norovirus outbreak. Gaps in cleaning records were noted but no action taken to address the issue.
• Staff supervision and probationary processes had not been effectively followed.
• A senior management quality report dated 29 September 2022 raised issues with fluid charts not being completed, topical medicine charts being 'a mess' and gaps in cleaning records. Remedial action included these charts to be reviewed as part of the registered manager's daily walkaround, However, we found significant shortfalls in all these areas at this inspection.

Systems to ensure effective oversight of the home and improve quality were not in place or robustly implemented. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People had mixed views on the registered manager and her support for staff. One comment stated, "At times when staff haven't turned in, (registered manager) has helped on care and domestic alongside us to make sure the residents get the care they deserve." An alternative view stated, "We don't have a supportive manager. I don't feel I can approach the manager. They don't help." The registered manager was frequently on the floor of the home during the inspection and on a number of occasions responded to call bells that were going off for long periods.
• Staff also felt working together could be improved. Some staff told us they worked as a good team. One

comment stated, "Everyone mucks in wherever needed." Another staff member told us, "There is absolutely no teamwork amongst the staff whatsoever, the staff spend their time badmouthing other staff and the manager."
• We spoke with the regional manager and the registered manager about these diverse views and the need to be visible as a manager.

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
• The manager overseeing the service understood their responsibilities under duty of candour regulations.
• We reviewed incidents that had occurred at the home that may fall under duty of candour. We could not be sure from records that these matters reached the threshold. However, we spoke with the regional manager and registered manager about reviewing all such incidents with reference to the duty of candour regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People had been approached to be involved in the running of the home. Suggestions had resulted in action on activities. 3 residents' meeting had taken place in the previous 9 months.
• The registered manager told us they had attempted to establish relatives' meetings but the take up had been quite poor.
• There were regular staff meetings and a range of issues had been discussed. Staff meetings were often poorly attended. The regional director confirmed that staff were paid if the attended such meetings. The registered manager said she circulated the minutes from all such meetings.

Working in partnership with others
• There was evidence in people's care documentation the service worked in collaboration with a range of services to support people.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Robust systems were not in place to ensure the safe and proper management of medicines. Assessment of risks relating to infection, prevention and control was limited and processes for detecting and controlling the spread of infection were not always implemented or followed. Regulation 12(1)(2)(g)(h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance System to ensure care was delivered in a safe and effective manner were not in place. Processes to assess, monitor and improve the quality and safety of services were not adhered to. Complete and contemporaneous records were not always maintained. Regulation 17(1)(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Systems to ensure sufficient numbers of suitable qualified and skilled staff were deployed were not always followed. Staff did not always receive appropriate support, supervision and appraisals to enable them to carry out their roles. Regulation 18 (1)(2)(a).