

Primrose Court Health Care Limited

# Primrose Court Care Home

## Inspection report

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Date of inspection visit:  
12 September 2022

Date of publication:  
20 October 2022

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Primrose Court Care Home is a residential care home providing personal care to up to 20 people. The service provides support to older people and people living with dementia. At the time of our inspection, there were 15 people using the service.

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

Records around risks to people were not always robust. The provider did not always have effective systems in place to ensure that accurate, up to date and contemporaneous records were kept for people who used the service. Up to date care plans were not always in place and, in areas, care plans were not fully person-centred. There were some gaps in employment records and audits had not identified all the issues found on inspection.

There were enough staff on duty to keep people safe. People were kept safe from the risk of abuse and staff understood their safeguarding responsibilities. Medicines were managed safely, and people received their medicines as prescribed. The service was clean and tidy. The provider and registered manager were committed to learning lessons when things went wrong and improving the quality of care.

People were supported to eat and drink enough to maintain a balanced diet. Staff had the right skills, experience and training to safely support people. Staff worked well with other agencies and made timely and appropriate referrals. The service was adapted to meet people's needs, with different communal spaces for people to use.

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.

Staff were kind and caring. Staff supported people to express their views and make their own decisions. Staff treated people with dignity and respect and encouraged people to be independent wherever possible.

People and relatives were consulted about their care plans. Staff knew people's verbal and non-verbal communication cues well. People were supported to develop and maintain relationships. There were no restrictions on visiting and visitors were made welcome in the service. There was no activities co-ordinator at the time of the inspection, but recruitment was ongoing. Not everyone had end of life care plans in place, but this had been identified by the registered manager and work around this was ongoing.

There was a positive, kind and caring culture within the home. The registered manager was approachable and supportive. Relatives and people were kept up to date and told if anything went wrong. The registered manager engaged well with staff, people and relatives, through regular meetings and questionnaires.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability.

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 19 May 2021). We only reviewed the domains of safe and well-led at the last inspection.

#### Why we inspected

This was a planned inspection to assess the standard of care delivered by staff.

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.

#### Enforcement

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 record keeping at this inspection. 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Primrose Court 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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Primrose Court 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 Court Care Home is a care home without 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. 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 four people who used the service and eight relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, senior care workers, care workers, kitchen and domestic staff and the maintenance person.

We reviewed a range of records. This included four people's care records, three staff recruitment files and multiple medication records. A variety of documents relating to the management of the service, including, training records, maintenance records and quality assurance documents were reviewed.



# 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 good. At this inspection the rating has changed to 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

- Records around risks to people were not always robust. One person's care plan had not been updated when their needs had significantly changed. Some of the up to date information was contained within monthly reviews of the care plan, but the care plans themselves did not reflect the support this person required. This person's evacuation plan in the event of a fire was out of date and not suitable for the person's needs. This person required a high calorie diet but was not on the corresponding kitchen list.
- Equipment and health and safety checks were up to date. The maintenance person regularly checked the service's water temperatures. However, staff did not check the bath or shower water temperature before providing personal care to ensure it was safe for people.
- It was the provider's policy that staff should carry out regular observations for 72 hours following a fall. There was no documentation in place to record these checks. The registered manager implemented appropriate documentation immediately following our feedback.

The provider failed to have in place fully accurate, complete and contemporaneous records in respect of each service user. We found no evidence that people had been harmed, but this was a breach of regulation 17(1) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some areas of people's care plans contained good information about risks and how to manage these. For example, care plans contained good information and clear guidance for staff around people's medical conditions.

### Staffing and recruitment

- The provider's recruitment procedures did not always follow expected practice. Full employment histories were not taken and gaps in employment were not explored. The registered manager responded immediately after our feedback and introduced this information request into the recruitment process.
- The registered manager carried out other appropriate pre-employment checks such as with the Disclosure Barring Service. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager ensured there were enough staff on duty to safely support people. The registered manager recruited when needed and was responsive with staffing levels if more staff were required.

### Systems and processes to safeguard people from the risk of abuse

- The registered manager kept people safe from the risk of abuse. Staff had received training in safeguarding and knew what to do if they had any concerns. One staff member told us, "I would go straight

to the manager. If I was still worried, I would go straight to CQC and the local authority."

- People told us they were safe and well cared for. One person told us, "Staff are nice, and I have no concerns at all." Relatives consistently told us they had no worries about people's safety and were happy with the care provided.

#### Using medicines safely

- Staff managed medicines safely. Medicines were stored securely and appropriately. The medicines room was tidy and organised.
- Staff administered people's medicines as prescribed. People and relatives told us they always received their medicines. One relative told us, "[Person] gets their medicines regularly, on time, and it is all clearly documented."
- Staff had in place good guidance around 'when required' medicines and so it was clear when a person might need these medicines. Staff recorded why these medicines were administered, and if they had been effective.

#### 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.
- There were no restrictions on visiting at the time of our inspection.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider and registered manager were committed to making improvements at the service.
- The registered manager analysed accidents and incidents to look for trends. Appropriate action was then taken in response to the findings. The registered manager relayed lessons learnt to staff in team meetings.
- The registered manager was responsive to our inspection feedback and took steps to address issues raised immediately.



# 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.

This is the first inspection for this domain under the new provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs and these assessments were reviewed monthly, or sooner if required. We found one person's needs had significantly changed and this was not fully reflected in their care plan. We raised this with the registered manager who informed us it would be addressed immediately.
- Care was generally delivered in line with best practice guidance. However, record keeping did not always fully reflect this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. People were given choice at mealtimes and enjoyed the food. One relative told us, "[Person] is well fed, gets good meals and tells me they love the food."
- Staff encouraged people to eat where appropriate. Relatives told us, "[Person] is a very poor eater but staff encourage them to eat and always bring tea and biscuits" and, "[Person] doesn't eat very well so staff sit with them to make sure they eat."
- Staff identified people who were at risk of malnutrition. Staff monitored people's weights and prepared high calorie options.

Staff support: induction, training, skills and experience

- Staff had the right skills and experience. Staff had received appropriate and suitable training to meet people's needs. One staff member told us, "I am quite happy with the training. There is enough and nothing is missing."
- The registered manager ensured staff had appropriate knowledge by carrying out regular competency checks.
- A timetable was in place for staff supervisions and appraisals. Staff told us they felt supported. Staff comments included, "I feel very supported. [The registered manager] is only a phone call away if he is not in the building" and, "Other staff members are very supportive; you only have to ask."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other agencies. Staff made appropriate and timely referrals to healthcare professionals, such as the dietician and occupational therapist.
- People had good access to other services when needed. One relative told us, "The home is good at getting the doctor when [person] needs one. They also get access to a dentist, optician and podiatrist."

Adapting service, design, decoration to meet people's needs

- The provider had adapted the service to meet people's needs. There were several communal spaces for people to use, including a lounge, a quiet area and a conservatory.
- The registered manager included people in the design and decoration of the service. People were given choice about colours and new furniture. People were actively involved in the ongoing design of the outside garden area.
- The provider used dementia friendly signs to help people identify different rooms such as the bathrooms.

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.

- The provider was working within the principles of the MCA. DoLS were in place where appropriate and the registered manager monitored these effectively.
- Where people lacked capacity to make a specific decision, staff appropriately made these in their best interests, and following consultation with relevant parties.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this domain under the new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness. We observed positive and caring interactions between staff and people.
- Staff were caring and warm. We received consistently positive feedback from people and relatives about the kind nature of staff. Relatives' comments included, "Staff are lovely, I can't fault them" and, "Staff are brilliant, supportive, and very caring."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views and be involved in making decisions. Staff gave people choice and used verbal and non-verbal cues to help people understand and express their views. One staff member told us, "We always give people choice. We help them choose what they would like at mealtimes. We will take out different outfits and show them trousers and tops to help them choose what they would like to wear that day."
- Staff involved people's friends and families, where appropriate, to learn and understand about people's likes and dislikes and how they communicate their choices.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Comments from relatives included, "[Staff] are friendly and respectful. They listen to [person] and they respect [person's] privacy."
- Staff encouraged people to be as independent as possible, where appropriate. One relative told us, "They help person to retain as much independence as possible."
- People were asked if they would prefer male or female care workers. This was documented and staff respected people's wishes.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this domain under the new provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their families were involved and consulted when creating their care and support plans. One relative told us, "I have seen [person's] care plan and both myself and [person] are consulted when it is reviewed, and we are consulted about any changes."
- People received person-centred care, although records were not always accurate. Some people's care plans referred to them by the wrong gender and, on occasion, the wrong name. We raised this with the registered manager who confirmed it would be addressed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff met people's communication needs. Staff knew people well and were knowledgeable about people's verbal and non-verbal methods of communication.
- People had communication care plans in place. These generally contained helpful information to help guide staff in effective communication. People were referred to professionals, such as the Speech and Language Therapy Team, appropriately. However, for one person we reviewed, guidance from professionals around appropriate communication methods was not fully incorporated into their care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to develop and maintain relationships. There were no restrictions on visiting at the time of our inspection, and visitors were welcomed into the service.
- There was no activities co-ordinator at the time of our inspection. However, the registered manager was recruiting for this post. Activities were still arranged for people where possible, but records in this area were not robust.

Improving care quality in response to complaints or concerns

- The provider had appropriate procedures in place to deal with complaints and concerns.
- The provider had received no recent complaints or concerns. All relatives and people we spoke with were happy with the care provided and did not have any concerns.

- Relatives told us that if they had any concerns, they would discuss these with the registered manager who was approachable. Relatives were confident any concerns would be dealt with appropriately. One relative told us, "I would speak to [the registered manager] if I had any issues. He has been really good and sorted things out for us."

#### End of life care and support

- There was no-one receiving end of life care at the time of our inspection.
- End of life care plans were not in place in the care plans we selected for review on the day of the inspection. However, the registered manager had identified this and was in the process of obtaining people's wishes and implementing plans. The plans were designed to help support staff provide dignified care in line with people's choices.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not always have robust systems in place to ensure that accurate, up to date and contemporaneous records were kept for people who used the service.
- Areas of record keeping were not always robust. Care plans did not always fully reflect people's needs. Care plans were not always fully person-centred. Record keeping around activities, water temperature checks and post fall observations was not always in place. There were some gaps within employment records.
- Audits had identified some, but not all the issues we identified with records.

The provider failed to have systems in place to effectively monitor the service. As a result, they had not identified errors and omissions in the records. We found no evidence that people had been harmed, but this was a breach of regulation 17(1) (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

- There was a positive, kind and caring culture within the service. Relatives described the atmosphere as "friendly, warm and caring" and, "The atmosphere is lovely, the carers are brilliant, I wouldn't change anything." All relatives spoken with told us they would recommend the service.
- Staff and relatives spoke positively about the registered manager. Staff told us, "He is lovely and approachable, and always there if we need him" and, "Things have come a long way since the registered manager took over."
- Staff were respected and supported to perform their roles. One staff member told us, "We are absolutely supported. You can go to the registered manager with anything and he acts on things."

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; continuous learning and improving care

- The registered manager understood the duty of candour. People and relatives were informed if anything went wrong and were kept fully up to date. One relative told us, "If there are any concerns, they are straight on the phone."
- The provider and registered manager were committed to learning from incidents and improving the quality of the service. Incidents were analysed and appropriate action taken in response to any patterns or

trends identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The registered manager engaged well with people, relatives and staff. Regular staff, resident and relatives' meetings took place. Views and feedback was also collected with the use of questionnaires.
- The registered manager actively involved people with the running of the service and in making decisions, for example around decoration and furniture choices.
- The registered manager worked well with other professionals. Referrals were made in an appropriate and timely manner. Professionals told us the service was progressing positively and feedback was always taken on board, and actions implemented in response.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have in place fully accurate, complete and contemporaneous records in respect of each service user and complete employment records.</p> <p>The provider failed to have in place systems to effectively monitor the service.</p> <p>Regulation 17(1)</p>