Roseberry Care Centres (England) Ltd

Primrose Lodge Care Home

Inspection report

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North Shields
Tyne and Wear
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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 caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Primrose Lodge Care Home is a care home for up to 48 people. The service provides care and accommodation for both older and younger people, people living with dementia and those with a physical disability. At the time of the inspection there were 43 people using the service.

The service is a purpose-built home with individual rooms and a range of communal facilities. There are two floors each with their own shared spaces, such as lounges and dining rooms. The service had people requiring a range of differing support. Some individuals were receiving nursing care whilst some people were supported only with social care.

People's experience of using this service and what we found
People were not always supported to receive their medicines appropriately and safely. We found some medicines may not have been given in line with prescribed direction and records were not always well completed. Cleanliness at the home needed to be improved, particularly around high-risk areas that needed additional cleaning during a COVID-19 outbreak. Staff were not always following guidance regarding the correct use of PPE. Risks, both in relation to care and the environment were monitored. Staff recruitment was undertaken appropriately. People and staff felt there were times when additional support would have been beneficial to care. There was a high reliance on agency staff due to recruitment pressures. Recruitment of new staff was ongoing.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Records did not always evidence how staff followed the principles of the Mental Capacity Act. People's needs had been assessed prior to them coming to live at the home. People were supported to access appropriate food and fluids and meals were described as being good. The premises were well maintained although some areas needed redecoration. Staff had received a range of training and development but welcomed additional specialist training. Supervision to support and monitor practice was undertaken.

People told us they were happy with the care they received, and staff were kind and helpful. People's choices were considered when providing care and their views were considered. Staff had a good understanding of people as individuals and people were treated with dignity and respect.

Care plans were in place, but the quality of the information varied. The standard of monthly reviews was of variable quality. People told us activities were available. Many of the activities were group events and there was a need for more individualised support. Visiting was supported during the pandemic, in line with government guidance. People's preferences and choices were considered. The home had a range of processes to support people communicating. End of life care was considered as part of the care planning process although needed to consider the wider aspects of personal and religious preferences.

There were a range of audits and checks in place, although the issues identified at the inspection had not been identified by these processes. A new manager was in post, although was not registered with CQC. Staff felt the service lacked consistent leadership and direction. Some attempts had been made to involve people and staff in decisions about the running of the home. The home worked in co-operation with a range of other agencies.

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

Rating at last inspection

This service was registered with us on 18 May 2020 and this is the first inspection under the current provider.

Why we inspected

This was a planned inspection based on the date the service had been first registered under this new provider.

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 read the report from our last infection control inspection, by selecting the 'all reports' link for Primrose Lodge Care Home on our website at www.cqc.org.uk.

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?

Requires Improvement

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

Is the service effective?

Requires Improvement

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

Is the service caring?

Good

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

Is the service responsive?

Good

The service was responsive.
Details are in our responsive 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 team consisted of one inspector.

Service and service type
The Primrose Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was not currently registered with the Care Quality Commission. At the time of the inspection they were on leave. The provider told us the manager was in the process of formally applying to become the registered manager. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and two relatives who were visiting the home. We spoke with eight members of staff including the regional operations manager, the area support manager, a care home assistant practitioner, a senior care worker, a care worker, a member of the domestic staff, the activities co-ordinator and the maintenance worker.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data 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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Using medicines safely
• Medicine management was not always undertaken safely and effectively.
• Some people had been prescribed topical medicines (creams and lotions). Records relating to the application of these medicines were incomplete with some items not recorded as being applied for several months. We checked people's care plans and found no evidence these items had been withdrawn by a doctor or pharmacist.
• We found gaps in some medicine administration records (MARs). We could not always reconcile the number of items recorded as given with the number of items remaining, so could not be sure medicines had been given correctly. This included patches to be placed on people's skin to provide long term medication. One staff member told us, "Transdermal patches? There's only me who ever changes them."
• One person was prescribed a controlled medicine to help with pain relief. We found a half-used bottle of medicine with no date as to when it had been opened and potentially out of date. We could not be sure the person had not received this out of date medicine.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate 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.

Preventing and controlling infection
• Systems relating to infection prevention and control were not always robust. At the time of the inspection the home was managing an outbreak of Covid-19.
• On the first day of the inspection we found high risk areas, such as light switches, door handles and handrails were not being cleaned frequently to help prevent the spread of infection. Staff told us they carried out additional cleaning of these areas when they had time. We spoke with the provider about this.
• One member of the domestic staff had newly taken on the role and was working their first full day. They told us they had received no specific domestic training and no additional infection control training. They were working in the area of the home were people were being isolating because they had tested positive for COVID-19.
• Staff were not wearing PPE appropriately. On the second day of the inspection the home was visited by a designated infection control nurse. They witnessed staff not using the correct PPE when supporting people who were positive for COVID-19. They also witnessed staff wearing masks incorrectly and not changing masks after breaks.
• Checks to ensure staff understood the correct use of PPE, and were able to demonstrate this use, were not

in place.

Systems to ensure effective infection control and monitoring were not robust and effective monitoring of these practices was not undertaken. 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.

• The home had a good supply of PPE available and there were donning and doffing stations around the home and bins to dispose of used PPE.
• Visitors to the home were subject to checks to ensure they did not have any symptoms of Covid-19. All visitors were required to wear PPE.

Staffing and recruitment
• Staffing was an ongoing issue for the home.
• Staff and the area support manager told us there was regular use of agency staff at the home, due to recruitment difficulties across the care sector. Staff told us agency staff were helpful but required closer supervision.
• The area support manager showed us evidence they were actively recruiting to the home.
• People and relatives told us staff were attentive, but that additional staff may be helpful. One person told us, "It's so, so that they have enough staff, although they tend to come quickly." Another person told us, "I've had to wait a long time on occasions. But they can't deal with everyone at once."
• Recruitment procedures were undertaken safely and effectively including DBS checks and the taking up of two references.

Learning lessons when things go wrong
• There was some evidence that incidents and falls were reviewed.
• Individual incidents were reviewed, and recommendations made.

Systems and processes to safeguard people from the risk of abuse
• The provider had in place and safeguarding policy and procedure.
• Where safeguarding issue had been identified the provider followed these procedures and worked with the local safeguarding adults team to investigate issues and, where necessary, make changes to ensure people were protected.
• Staff were aware of the types of abuse they should be alert to and how to report matters.

Assessing risk, safety monitoring and management
• Risk assessments were in place.
• Risks related to people's care were reviewed and monitored; such as skin integrity, weight loss and fluid intake. Where necessary action was taken to address any concerns.
• Risks related to the environment were assessed. We saw regular checks were undertaken with regard to water safety and electrical items. There were some minor gaps in fire equipment monitoring due to a new maintenance worker taking up post. Regular fire drills were carried out at the home.
•People had personal emergency evacuation plans in the event of a fire or other untoward incident.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• Not all conditions relating to the legal application of the MCA were being met.
• Some people living at the home had sensors in their room to alert staff if they got out of bed at night or had bedrails in place to prevent them falling out of bed. Under the MCA these are considered a form of restriction. Consent documents or best interests decisions were not always in place to demonstrate that the MCA requirements had been fully complied with.
• Some documents indicated that relatives had been asked to consent to people having vaccinations or other treatment, when they did not hold Lasting Power of Attorney (LPA). One relative told us they had been contacted by the home to give consent for treatment when they did not have formal LPA authority.
• The home did not regularly maintain records of whom held valid LPA or legal authority to make decisions.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate consent and best interests of people were safely and legally managed. This placed people at risk of harm or unlawful detention. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•Where necessary the provider had made application to the local safeguarding authority for authorisation of

DoLS and these were reviewed and monitored.

Staff support: induction, training, skills and experience
• Staff had not always received the support they required when working at the home.
• One member of the domestic staff had not had specific training for their role. We spoke with the area support manager about this.
• Training records showed that most staff had completed a range of online training courses. Staff told us they would welcome additional training in some areas, such as dementia care.
• There was some evidence that staff had received supervision by a senior member of staff, although records of these meetings were sometimes limited.
• There was evidence in staff files that new staff had been subject to an induction process.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's need and choices were assessed and incorporated into the care they received.
• There was evidence an assessment had taken place prior to people coming to live at the home.
• Choices and preferences had been recorded in people's care documentation.
• People and relatives reported that staff supported people's choices and understood their particular needs. One person told us, "I'm okay with the care. You are able to get across what you need."

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat a balanced diet and had access to regular drinks.
• People's food and fluid intake was monitored where required.
• Care plans were in place around nutritional intake and people's weight was regularly reviewed. Any concerns were raised with health professionals.
• People had variable opinions of the meals at the home. Comments included, "The food is very good; A* at least. The chef is marvellous. You can pick what you want" and "The food is not too bad. Just enough to sustain you."

Adapting service, design, decoration to meet people's needs.
• The home environment was maintained in a good state.
• Some areas of the home needed redecoration and updating following the pandemic.
• People told us there was a 'homely' feel about the building.
• The infection control nurse told us the home was less cluttered than when they had previously visited, making it easier to clean and maintain infection control practices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Care plans contained evidence the staff worked closely with other professionals to deliver effective care.
• There was evidence in people's care records they were supported to have access to a range of health care services.
• People and relatives told us staff would contact GPs and other health professional if they had concerns.

Good

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 newly registered service. 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
• People received good day to day care, and we observed they were treated with kindness and respect.
• People told us staff were attentive and kind and offered them help and support in a timely and appropriate manner. People told us, "Great care. I cannot fault it. I've no problems with the care" and "The care is very good; excellent in fact."
• One relative felt that staff could be more attentive to some elements. They told us, "The care is okay, except for the fingernails. They are sometimes dirty. I've not mentioned it, but I feel they should see it."

Supporting people to express their views and be involved in making decisions about their care
• People were supported to make decisions about their care, as far as possible.
• People told us they could get up and go to bed when they wanted. They said they were able to ask for showers and baths when they felt like it.
• Relatives told us they were involved in decision making and were contacted if there were any concerns about their relation's health.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity were fully respected.
• We witnessed staff supporting people in a manner that protected their dignity and offered them care in a discreet manner.
• People told us staff respected their privacy and they could spend time doing what they wished, either in communal areas or in their own rooms.

Good

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 newly registered service. 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's care was planned in a manner that supported their individual choices and gave them control over their day to day lives.
• Care plans set out how people wished to be treated. The detail and focus of care plans varied with some being more person centred and individual than others.
• Some areas of care documentation required more in-depth information. For example, hospital passports, which detail essential information if people are admitted to hospital, were not always well completed.
• Care plans were reviewed monthly. Reviews were variable; some containing appropriate detail whilst others contained phrases such as, 'Remains appropriate.'

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• People's communication needs were considered and referenced in assessments and care planning.
• Care plans detailed how staff should approach people with specific communication needs, including the use of pictorial prompts.
• Staff had a good understanding of people's needs and how best to involve them. They were able to describe how they used gestures and had learnt people's individual facial responses to gauge what they meant or needed.

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
• The home supported people to maintain relationships with their friends and family.
• People and relatives told us the home had supported visiting during the pandemic. They confirmed that even though the home currently has a Covid-19 outbreak at least one relative was still able to visit each person.
• People and relatives told us there were some activities at the home, but they felt these could be increased. We spoke with the activities co-ordinator who spoke about the range of activities they tried to deliver. These activities tended to be group oriented and not always focussed on individual need. We spoke with the area managers about improving some of the activity at the home.

Improving care quality in response to complaints or concerns

• The provider had a complaints policy in place.
• There had been no recent formal complaints.
• People and relatives told us that they would speak with a senior member of staff if they had any concerns. They were confident any issue would be addressed.

End of life care and support
• People's care records contained information about their end of life care and last wishes, although this tended to focus on the practical issues around funeral directors and advising the family, rather than personal wishes or religious based requirements. We spoke with the area support manager about how this element of care could be improved.
• The area support manager confirmed that during end of life care relatives would have unrestricted visiting, in line with national guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated 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
• Management of the service was not always consistent, and oversight was not always robust.
• Staff told us the service had had several managers over recent years and what they wanted most was a consistent approach for a sustained period. Staff felt that morale at the home could be improved.
• The service did not have a manager registered with CQC. A new manager had recently taken up post but had not yet formally applied to become the registered manager.
• Checks and audits carried out at the home were not consistently undertaken or carried out with rigour. Manager daily walkaround documents contained variable information and there was limited evidence actions noted were followed up and addressed.
• Audits and checks had failed to highlight the issues found with medicines at the home, had failed to address the issues around staff use of PPE and care plan audits had not highlighted the failure to act within the MCA.
• We had recently undertaken an inspection of another of the provider's homes where similar issues had been noted. Lessons learned from that inspection had not influenced or improved care at Primrose Lodge.

Systems were either not in place or robust enough to demonstrate quality management was effectively implemented. This placed people and staff at risk of harm. This was a breach of regulation 17 (Safe care and treatment) 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 lack of consistent management at the home and no clear ethos for the home to develop around. Staff were hopeful the recently appointed manager would stay and start to improve the service.
• Staff told us inconsistent management meant the service lacked leadership. They said it was helpful having senior managers onsite. Staff felt they could raise concerns or issues with managers.

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 provider and senior managers understood their responsibility under the duty of candour. There had been no incident where they were required to act on this duty.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics
• Attempts had been made to engage people and staff in the running of the home.
• Regular staff meetings took place and staff told us they could raise issues in the meeting and felt listened to.
• Staff said they felt they could approach the current management and raise issues. They felt day to day support had improved.
• There was limited evidence of consistent engagement with people and relatives, although some of this was due to the restrictions imposed by the COVID-19 pandemic. We spoke with the area support manager about how this could be improved in the future.

Working in partnership with others
• There was evidence in people's care documentation that 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 11 HSCA RA Regulations 2014 Need for consent Systems were not in place to ensure that care and treatment of service users was provided with the consent of the relevant person or in line with the requirements of the Mental Capacity Act 2005. Regulations 11(1)(2)(3)

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)