

Roseberry Care Centres (England) Ltd

Primrose Lodge Care Home

Inspection report

Osborne Gardens
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 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 38 people using the service.

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

Medicines were not managed safely. Records did not always demonstrate that medicines were administered as prescribed. There were inconsistencies and shortfalls in relation to medication stock counts, the recording of allergies, medicated patch application and 'when required' medicines guidance.

An effective system was not fully in place to assess people's dependency and staffing levels. People, relatives, staff and professionals told us that there was not always enough staff to provide person centred care. We observed that care was sometimes task focused rather than person centred.

The provider had not ensured they were displaying their CQC rating on their website in line with legal requirements.

Improvements had been taken since our last inspection in relation to infection control. The home was clean and staff had access to and used PPE in line with government guidance.

People were supported to eat and drink enough to maintain their health and wellbeing. However, mealtimes were sometimes task orientated rather than person-centred. We have made a recommendation about this.

The décor of the home did not fully meet the needs of people living with dementia. There was limited signage to help orientate people. We have made a recommendation about this.

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 worked in partnership with health and social care professionals. Health and social care professionals spoke positively about the registered manager and staff and their joint working relationships.

Action had been taken since our last inspection in relation to staff training and support. A system to help ensure staff were suitably trained and supported was in place. Due to the impact of COVID-19 and the current cost of living crisis; recruitment was ongoing. Agency staff were used to cover shifts which permanent staff were unable to work. People and relatives spoke positively about the knowledge and skills

of permanent staff; they were less positive about the skills of some agency staff.

Staff explained that staffing levels did affect morale at the home, since they did not always have time to provide care which was person centred. They also said they did not always feel appreciated or valued by the registered manager or provider. We spoke with the registered manager and regional manager about this feedback. They explained the staff reward systems in place and told us how much they appreciated staff and their hard work.

People and relatives spoke positively about the caring nature of staff. Comments included, "Aye they are very caring and there is one carer who is so caring with everyone. They know her needs, she looks well and has put weight on. They know everyone and their personalities. There are a lot of nice carers there" and "Everything seems to be good and settled, I think she is in a good place myself, I have watched them treat her well and other residents as well."

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 18 January 2023). There were breaches of the regulations relating to medicines management, staffing levels, staff training and support and the management of the service. 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.

This is the third consecutive inspection where the provider has been in breach of the regulations relating to medicines management and good governance and has failed to achieve a rating of at least good.

Why we inspected

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 of 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 have identified 3 breaches the Regulations relating to Safe care and treatment [medicines management], Good governance and the requirement to display their CQC performance rating.

Full information about CQC's regulatory response in relation to the provider's failure to display their rating is

added to reports after any representations and appeals have been concluded.

We have made two recommendations in the effective key question. Please see this section for further details.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Primrose 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 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. We also sought advice from a CQC medicines inspector about our findings in relation to medicines management.

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 also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 5 people, 4 relatives, 15 staff including the regional operations manager, registered manager, deputy manager, agency nurse, care home assistant practitioner, senior and care staff, activities coordinator, chefs and kitchen staff, domestic and maintenance staff. We also spoke with 3 health professionals and 2 staff from Healthwatch who were visiting the home. We asked the registered manager to message all staff to ask for any feedback to be sent to us. We did not receive any further feedback.

We looked at a range of records relating to people, staff and the management of the service.

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.

Using medicines safely

At our last inspection an effective system was not in place to demonstrate topical medicines were effectively and safely managed. 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 whilst improvements had been made with the management of topical medicines, shortfalls were identified in relation to other aspects of medication management and the provider remained in breach of Regulation 12 in relation to medicines management.

- An effective system to manage medicines was not fully in place.
- Records did not always demonstrate that medicines were administered as prescribed. There were inconsistencies and shortfalls in relation to medication stock counts, the recording of allergies, medicated patch application and 'when required' medicines guidance.

The failure to ensure medicines were managed safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection, an effective system was not in place to ensure sufficient staff were deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, not enough action had been taken and the provider was in breach of Regulation 17 [Good governance].

- An effective system to ensure sufficient staff were deployed was not fully in place.
- People, relatives, staff and professionals told us that there was not always enough staff to provide person centred care. One professional told us, "They are understaffed; even an extra carer on each floor would improve things quality wise. The carers care but don't have time." We observed that care was sometimes task focused rather than person centred.
- The provider's staffing tool and dependency tool did not accurately assess the dependency needs and staffing levels at the home, especially for people who exhibited distressed behaviours. Duties such as medicines management and care planning were not included on the staffing tool. Staff were updating people's care plans. They explained that sometimes it was difficult to keep up to date with these, because of the other duties they needed to complete.

The failure to have an effective system in place to determine staffing levels was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Due to the impact of COVID-19 and the current cost of living crisis; recruitment was ongoing. Agency staff were used to cover shifts which permanent staff were unable to work. People and relatives spoke positively about the knowledge and skills of permanent staff; they were less positive about the skills of some agency staff.
- Safe recruitment procedures were followed. Checks were carried out before staff started work at the home to help ensure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- An effective safeguarding system was in place. People told us they felt safe which was confirmed by relatives. One relative told us, "Oh yes she is safe. She is not lying in bed now, she goes into the lounge, she is with other people, she is much loved there. They move her with the hoist, they don't leave her out."
- Safeguarding concerns had been reported to the local authority and notifications made to the CQC, as appropriate.

Assessing risk, safety monitoring and management

- Risks relating to people's care and support and maintaining a safe environment were assessed and monitored. People told us they felt safe which was confirmed by relatives.
- Checks relating to the premises and equipment were carried out to make sure these were safe.

Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to infection control. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 in relation to infection control.

- 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.

Visiting in care homes

There was an appointment system in place at the time of the inspection. We spoke with management staff because we considered this could be restrictive to those visitors who wished to turn up unannounced. The registered manager told us friends and relatives could visit when they wanted and no one would be turned away. Following our feedback, the registered manager told us that the appointment system was no longer in place at the home; unless visitors still wished to make an appointment. This was confirmed by relatives. One relative told us, "We always had to book, but not now, this is from yesterday."

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify any trends or themes so action could be taken to help prevent any reoccurrence.

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.

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

At our last inspection we recommended that the provider reviewed their fluid recording systems to ensure timely action was taken if there were any concerns. The provider had taken action to improve their fluid recording system; however further improvements were required regarding person centred support around meal times.

- People were supported to eat and drink enough to maintain their health and wellbeing. However, mealtimes were sometimes task orientated rather than person-centred. In addition, kitchen staff explained that all meat served at the home, with the exception of pork was Halal because one person, followed a Halal diet. There was no evidence this had been discussed with people or a choice provided.

We recommend the provider reviews and implements best practice guidance relating to person-centred support around meal times and choice of food.

- We received positive feedback from relatives about the meals at the home. One relative told us, "Mum gets a choice every day and she has variety. She enjoys the food. She must be eating because she is maintaining her weight." A health professional also said, "Every [person] has a food and fluid chart. . .Weight monitoring has improved and helps us identify deterioration."

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

- The décor of the home did not fully meet the needs of people living with dementia. There was limited signage to help orientate people.

We recommend the provider reviews and implements best practice guidance relating to the environment and people living with dementia.

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

- Records did not fully demonstrate that care and support were delivered in line with best practice guidance. We identified shortfalls in relation to medicines management. In addition, staff explained that due to staffing levels, care was sometimes task focused and people's care plans were not fully up to date.

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.

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

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. Weekly "ward rounds" were carried out by the GP and we heard how monthly multi disciplinary team [MDT] meetings were undertaken with health and social care professionals, staff from the home, people, and where appropriate, their relatives. A health professional told us, "The MDT's are new, they're good and more proactive than the ward rounds."

Staff support: induction, training, skills and experience

At our last inspection, an effective system was not fully in place to demonstrate staff received effective and timely support in their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- A system was in place to ensure staff were supported and trained. People and relatives spoke positively about the skills of the permanent staff. One relative told us, "The main carers know what they are doing and are well-trained." They were less positive about the skills of agency staff.
- Training and staff supervision was ongoing.

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 an effective system to monitor the quality and safety of the service was not fully in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvements had been made to address these issues and the provider remained in breach of this regulation.

- An effective system to monitor the quality and safety of the service was not fully in place.
- This in the third consecutive inspection where the provider has been in breach of the regulations relating to medicines management and good governance and has failed to achieve a rating of at least good. In addition, an effective system was not fully in place to assess staffing levels to ensure sufficient staff were deployed.

The failure to ensure an effective quality monitoring system was in place was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not ensured they were displaying their CQC rating on their website in line with legal requirements.

The failure to ensure the provider's rating was displayed was a breach of Regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) 2014. This is being dealt with outside of this inspect process.

The regional manager explained she had raised this issue to their IT department for immediate action.

- Professionals spoke of an "improving" picture at the home under the registered manager's guidance. However, the registered manager was leaving and a new manager was being recruited.
- A range of audits and checks were carried out. A health professional told us how catheter audits had led to reduction in urinary tract infections.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People and relatives spoke positively about the caring nature of staff. Comments included, "It is the staff to be honest, they go out of their way if they can for each individual" and "The staff are 10 out of 10. Mum looks so well looked after."
- Staff explained that staffing levels did affect morale at the home, since they did not always have time to provide care which was person centred. They also said they did not always feel appreciated or valued by the registered manager or provider. We spoke with the registered manager and regional manager about this feedback. They explained the staff reward systems in place and told us how much they did appreciate staff and their hard work.

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 registered manager understood their responsibilities under duty of candour regulations. They explained that since the last inspection, there had been no incidents at the home which required them to act upon this duty.

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

- There was a system in place to involve people, relatives and staff in the running of the home.
- People and relatives spoke positively about staff at the home. One relative told us, "The staff are very friendly and they keep us up to date with an update and we get a monthly report. I get on with the staff here very well." People and relatives said however, improvements were required with staffing levels and the home's décor.
- We spoke with the registered manager about recording informal complaints centrally so these could be monitored for any trends or themes.

Working in partnership with others

- Staff worked in partnership with health and social care professionals. Health and social care professionals spoke positively about the registered manager, staff and their joint working relationships. One professional told us, "The general communication is better, I feel we are working as a team."
- The home was involved in a Healthwatch survey. The survey was gaining feedback from people, their families and staff about the COVID-19 pandemic, in order to influence future provision.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not managed safely. Records did not always demonstrate that medicines were administered as prescribed. There were inconsistencies and shortfalls in relation to medication stock counts, the recording of allergies, medicated patch application and 'when required' medicines guidance. Regulation 12 (1)(2)(g).

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	An effective quality monitoring system was not in place to ensure compliance with the regulations and sustained improvement. Records did not fully demonstrate that medicines were administered as prescribed. In addition, an effective system to ensure sufficient staff were deployed was not fully in place. Regulation 17 (1)(2)(a)(b)(f).

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments
Treatment of disease, disorder or injury	The provider was not displaying their CQC performance rating on their website. Regulation 20A (1)(2).

The enforcement action we took:

We did not proceed with enforcement action in relation to this breach.