

Primula Care Limited

Primrose Lodge Southbourne

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Primrose Lodge is a residential care home providing personal care to up to maximum of 30 people. The service provides support to older people. At the time of our inspection there were 28 people using the service.

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

People told us they felt safe and had confidence in the staff team. Staff had undertaken safeguarding training and understood their role in recognising and reporting concerns of abuse or poor practice. Staff knew people well and were clear about the actions needed to keep people safe and minimise their risk of any avoidable harm. Staffing levels met people's needs and staff were responsive and flexible in covering absence or a change in a person's care needs. Recruitment processes were robust, ensuring staff were suitable to work with older people. Medicines were managed safely by trained staff. Infection and prevention control measures were robust and in line with best practice guidance.

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.

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

Rating at last inspection

The last rating for this service was good (published 30 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 has remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primrose Lodge on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Primrose Lodge Southbourne

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 an 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 Lodge 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 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 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 12 people who used the service and 2 relatives about their experience of the care provided. We also spoke with a visiting health professional. We spoke with 9 members of staff including the regional director, registered manager, senior care workers, care workers and the chef. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe. A person told us, "I do feel safe living here. I do because I am looked after, and the staff are all good at what they do." Another said, "I always feel safe, the carers here are very kind and when you want their help they are always there for you."
- People were cared for by staff that had completed safeguarding training. Staff understood their role in recognising and reporting any concerns of potential abuse of poor practice. A staff member told us, "I can speak up and know there will be no repercussions or bullying."
- Records demonstrated that safeguarding systems and processes ensured external reporting protocols were being met.

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and regularly reviewed. This included risks associated with mobility, eating and drinking, skin damage and risks linked to health conditions.
- Staff knew people well and the actions needed to minimise the risk of avoidable harm to people. A staff member told us, "Communication is great. Handovers and care plans keep us up to date. For example at handover they might tell us that (name) needed a beaker instead of a cup."
- People had personal emergency evacuation plans in place. These provided key information to emergency services should a person need to be evacuated from the building. Staff had completed fire training, which included regular fire drill practice. Fire safety equipment was regularly checked and serviced.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. There were no authorised DoLS in place at the time of our inspection.

Staffing and recruitment

- People were supported by enough staff with the right skills and experience to meet their care and support

needs. We observed people receiving support in a timely way. A person told us, "I have a bell and if and when I use it they (staff) come pretty sharpish."

- Some staff were able to carry out more than one role which enabled the service to be responsive and flexible when the needs of residents changed or there were staff absences. A person told us, "They are a great team, and they help each other when they're short. If someone is off, they always cover for their colleagues, and I am happy to have any of them care for me."
- People were cared for by staff that had undertaken a robust recruitment process ensuring they were suitable to work with older people. This included a full employment history, references and a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People had their medicines managed safely. Staff had completed medicine administration training and had their competencies regularly checked. A person told us, "I have 4 in the morning and 4 again at night and I trust them totally with what they give me and when."
- Some people had medicines prescribed for as and when needed. Staff had protocols in place to ensure they were administered appropriately. We observed these protocols being followed ensuring safe medicine practice.
- Controlled drugs, (medicines that have additional controls due to their potential for misuse), were stored in accordance with current regulations.

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.
- The home had no visiting restrictions in place and was fully open to visitors.

Learning lessons when things go wrong

- Accidents and incidents were used as an opportunity to review people's care and support and, where appropriate, take actions that improved people's outcomes. Examples included changing a person's living environment following a fall, referrals to specialist services and the use of specialist equipment such as alarm alert mats.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We observed an open, friendly atmosphere where the management team were visible, knew people well and worked alongside the staff team. A staff member told us, "It's homely for residents and staff. It doesn't have a business feel. They, (management team) are more about the resident than the business."
- Staff felt supported, appreciated and spoke positively about teamwork. A staff member told us, "Residents are well looked after and comfortable with all the staff. Staff morale is great and we work well as a team. I look forward to coming to 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 the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were multi-layered, linked to regulation and effective at ensuring positive outcomes for people. They included regular audits at a home and organisational level and quality assurance surveys which fed into a working action and development plan.
- Staff spoke positively about their roles and were clear about their boundaries in decision making. They described communication as good and felt confident carrying out their roles.
- Records showed us that statutory notifications had been submitted appropriately to CQC. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

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

- People, their families and the staff team had opportunities to be involved in the service through participation in regular meetings. During a refurbishment people had expressed they would like a secure, accessible garden to be part of the refurbishment plan, and this had been incorporated into the design and being enjoyed by people and their families.
- An annual survey took place seeking people, their families, and staff feedback. People had expressed that

they missed a visiting bus service for trips out and in response the service had purchased a people carrier that could accommodate wheelchairs.

- A monthly newsletter was shared with people and their families and included photographs of activities and events that had taken place.

Working in partnership with others

- A weekly support network had been set up by the organisation for home managers and used as a forum for new learning and best practice. The registered manager told us, "The other managers are like a family and support if I need it."
- The registered manager accessed a range of professional organisations to keep up to date with developments in health and social care. This included utilising resources from Skills for Care and a local provider support group.