

## Parkcare Homes (No.2) Limited

# Priory Radstock

### Inspection report

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Date of inspection visit:  
06 March 2023

Date of publication:  
22 March 2023

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Priory Radstock is a residential care home providing personal care to 11 people at the time of the inspection. The service can support up to 12 people.

The premises is made up of the main house and a smaller coach house, consisting of 2 self-contained apartments. People have access to a communal kitchen, dining space, lounges and a level garden. The registered manager's office is adjacent to the lounge on the ground-floor of the main house.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** People's preferences, choices and independence were respected and promoted. There were sufficient numbers of suitably qualified staff to ensure care was delivered in line with people's needs and wishes. Care plans provided comprehensive information about people; guidance was available for staff about how to meet people's individual needs.

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.

**Right Care:** Staff knew people well and there was a person-centred culture in the service. Staff respected people's privacy and dignity, including knocking on doors to people's private accommodation before entry. Relatives told us staff were kind and caring, and they felt people were safe.

**Right Culture:** People were supported to live empowered lives and access the community, employment and activities. Staff we spoke with were positive about the support they received from the management team. People were supported to access healthcare they needed and staff worked with professionals to ensure people's needs were met.

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

This service was registered with us on 18 November 2021 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 25

October 2019.

#### 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Priory Radstock on our website at [www.cqc.org.uk](http://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?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Priory Radstock

## 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.

#### Inspection team

The inspection was undertaken by 1 inspector.

#### Service and service type

Priory Radstock 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. Priory Radstock 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 inspection

We reviewed information we had received about the service since the last inspection. 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 undertook a visual inspection of the premises. We reviewed various records in relation to the running of the service, including training records, audits and care plans. We spoke with 4 people and 7 staff. During and after the site visit, we received feedback from 4 relatives and 1 external professional.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to identify and report potential abuse.
- There was oversight of safeguarding. The registered manager monitored safeguarding concerns to help identify any themes and trends.
- Staff spoke confidently about how they would identify abuse and what they would do if abuse was witnessed or suspected. Comments from staff included, "I would report any abuse. I would whistle blow" and, "I would report [abuse], I would step in and say, "Don't do that.""

Assessing risk, safety monitoring and management

- Measures were in place to protect people from avoidable harm.
- Care plans we reviewed included personalised risk assessments with guidance for staff about how they should mitigate identified and potential risks.
- Personal Emergency Evacuation Plans (PEEPs) provided staff with guidance about the support people needed to be evacuated in an emergency.
- Business continuity plans were in place to ensure care provision continued in the event of a major incident, such as power loss.

Staffing and recruitment

- There were sufficient numbers of safely recruited staff to meet people's needs.
- Relatives told us there were enough staff to meet people's needs. Comments from relatives included, "There always seem to be lots of staff when we visit" and, "There are always staff on the floor."
- The provider had reduced their reliance on agency staff. When required, the service worked with a small selection of agencies and requested the same staff, to ensure continuity of care.
- Recruitment files we reviewed showed checks were in place to help prevent unsuitable applicants from gaining employment in the service.

Using medicines safely

- Medicines were managed safely.
- Medicines were stored securely in a designated medicines room.
- In response to medicines administration errors and lessons learned at the provider's other service, changes had been made. For example, protocols for 'as required' medicines (PRN) had been reviewed and updated to ensure they contained sufficient guidance for staff.
- When people were prescribed topical creams, body maps and guidance provided staff with enough information to apply them safely.

### 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.
- People were supported to maintain relationships with their relatives. During our inspection, we observed a visit and relatives we spoke with said they visited with people when they wished.

### Learning lessons when things go wrong

- Lessons were learned when things went wrong. For example, information about lessons learned in the provider's other services was cascaded to staff in all services to help prevent a recurrence.
- Staff participated in 'safety huddles' and debriefs to reflect on accidents or incidents. This helped staff to understand what they could do differently if a similar event occurred in the future.

# 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 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

- Care plans included comprehensive information about areas such as people's needs, preferences and routines.
- Behaviour support plans detailed potential triggers, associated risks and guidance for staff about how to support people through periods of distress.
- The service was supported by a positive behaviour support practitioner. The practitioner worked with staff to develop strategies aimed at reducing the frequency of behaviours that may challenge others. One relative said, "They (person) have only had 1 behavioural episode and hasn't requested to come home so much since he's been here. It's more like a home environment."

Staff support: induction, training, skills and experience

- Staff received the support and training they needed to meet people's needs.
- Records we reviewed showed staff had completed various training including safeguarding, suicide prevention and understanding autism training. All staff, including agency staff, received induction training.
- Staff received regular supervision sessions, appraisals and competency checks. These allowed staff to understand what was going well and areas that required further development.

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

- People were supported to eat and drink sufficiently, in line with their preferences; people's care plans included detailed information about their likes and dislikes.
- Where appropriate, staff supported people to do their food shopping independently and people could use the kitchen to prepare their own food and drinks. One person said, "I've got my own flat and eat from the main kitchen."

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

- People were supported to access external services they needed. Records we reviewed showed people were supported to access the dentist, routine health checks and the optician.
- We received positive feedback from 1 healthcare professional. Comments included, "The staff are lovely, cheerful and keen to support me when I see my service user. There is a lot of progress taking place on my service user since [they have] been placed at Priory Radstock."
- People were supported to live healthier lives. For example, by accessing exercise such as swimming and walking.

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

- The design and layout of the service met people's needs.
- Improvements to the service were ongoing at the time of our inspection. For example, new flooring had been laid on communal stairs and a person's kitchen had been updated.
- The service had recently been inspected for food hygiene by the Food Standards Agency and awarded the maximum score of five. This meant at the time of their visit, food hygiene standards were very good and in line with legal requirements.

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.

- Staff spoke confidently about how they worked in line with the principles of the MCA. Comments from staff included, "[We] support people to make their own decisions and explain why a decision might be unwise" and, "We don't make decisions on people's behalf, we give people options."
- At the time of our inspection, 5 people were subject to DoLS authorisations. The registered manager had oversight of all applications and updated the relevant professionals when a person's situation changed.

# 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

- Staff treated people with respect, supported them to reach their goals and respected people's protected characteristics.
- People told us staff treated them well. Comments from people included, "They [staff] help me to get what I want in life and help to get what I want in the future. They [staff] are kind to me" and, "Sometimes I feel under the weather. I talk to the staff when I feel like that and it gets me away from feeling like that."
- Staff received diversity and inclusion training and created an inclusive culture. For example, staff used the correct pronouns and people's preferred names.

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

- People were involved with making decisions about their care and were supported to express their views.
- We observed staff asking people what they wanted to do throughout the day. For example, 1 staff member asked a person what they wanted to do for the afternoon and arranged for another person to visit a local café in line with their request.
- Staff told us they supported people to make decisions independently. One staff member said, "We do a lot of prompting and supporting people to make decisions."
- People had been involved with choosing which staff were best suited to working in the service; people attended interviews and were able to ask questions. People and the management team then agreed which applicants would be successful.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity, promoted their independence and respected their privacy.
- People were supported to live independent lives and guidance reflected the tasks people were able to do independently. One person said, "I go to the shop independently to get my newspaper every morning."
- Staff respected people's privacy; we observed staff knocking on doors to people's private accommodation and asking permission to enter.
- The service had a dignity champion who supported staff to provide people with care and support in a dignified way. All interactions we observed were dignified.

# 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 plans were personalised, comprehensive and included the views of people.
- Information was available for staff about people's choices and preferences, including about areas such as their daily routine and personal care.
- People were involved with their care planning and records included information about what was important to them and what they wished to achieve.

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.

- People's communication needs were met. Where appropriate, people were supported with social stories and visual aids.
- Care plans included detailed information about people's individual communication needs.

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

- People were supported to access the community, pursue their hobbies, interests and employment. Comments from people included, "I tell [staff member] I would like activities for the week; someone will do my activities planner with me later on."
- One person spoke with us about how they enjoyed volunteering at a local charity and working in a local business.
- The service recently held a 'bring the beach to Priory' day. Staff organised an ice cream van, sand and activities for people to enjoy at the service.
- People were supported to maintain relationships with others who were important to them. Relatives told us people visited them at home and they visited people in the service when they wished.

Improving care quality in response to complaints or concerns

- The service had not received any complaints since their registration with us.
- A complaints policy was in place and available in an easy read format. Relatives told us they felt confident to raise concerns and complaints if they needed to. One relative said, "We do highlight anything we are concerned about" and, "If I needed to, I would be more than happy to raise a complaint."

## End of life care and support

- End of life care plans were in place. The registered manager was in the process of reviewing and updating plans to ensure they were more detailed and person-centred. At the time of our inspection, no one was receiving end of life care.

# 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 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

- People received person-centred care and relatives confirmed this. Comments from relatives included, "This is the only time that I have not worried about [person]. [Staff] have been so kind; finally he has the placement he needs and deserves" and, "If there are any problems [staff] sort them out. [Person] tells me he wants to stay there."
- Staff spoke about people in a person-centred way. Comments from staff included, "Everyone is different in the way you support them; it is different for each person, it is person-centred for each person."
- The registered manager had recently introduced 'scrap books' that included information about people's achievements, celebrations and photographs of occasions that were important to them.

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

- Members of the management team were clear about their roles, responsibilities and staff told us they felt well-supported. Comments from staff included, "[Registered manager] is absolutely amazing; she has made everything feel so different here. I love it here" and, "[Registered manager] and [deputy manager] are both approachable."
- Checks and audits were used to identify shortfalls and drive improvement. Action plans supported this process.
- Statutory notifications were submitted in line with regulations. Statutory notifications are important because they tell us about notifiable incidents and help us monitor services we regulate.

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

- A recent quality survey had been undertaken providing stakeholders with the opportunity to share feedback. The registered manager said they were reviewing responses and would implement an action plan if needed.
- The registered manager operated an open-door policy so anyone could feedback at any time.

Continuous learning and improving care

- The registered manager maintained oversight of accidents and incidents to help identify themes, trends and prevent a recurrence.

Working in partnership with others

- Records we reviewed showed staff worked in partnership with external healthcare professionals, including the local GP and Psychiatrist.

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 was aware of their duty to act openly, honestly and apologise when things went wrong.