

Lower Green Limited

The Priory Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Priory Care Home is a small residential home for up to 24 older people. People have their own rooms and use of communal areas such as lounges and a dining room. Accommodation is provided over two floors accessed by stairs and a lift. Some of the rooms available are self-contained flats for people to maintain independence. There are gardens which are accessed from the ground floor and available for everyone to use.

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

People were cared for by staff who had been recruited safely and had been trained in a range of topics. There were enough staff available to support people and the registered manager kept staffing numbers under review. Staff told us they felt supported and listened to by the management team.

People's risks had been identified and there were plans in place to give staff guidance on the support to provide. People's health needs were met as staff made timely referrals to healthcare professionals. People had their medicines as prescribed.

The home was clean and smelt fresh. Staff used cleaning schedules to record that all areas of the home were regularly cleaned. The provider made sure equipment and the premises were serviced and in good repair.

People were able to receive visitors indoors and outdoors. Systems were in place to make sure visiting was carried out safely. For example, visiting was pre-planned and booked in advance, visitors wore personal protective equipment (PPE) and had a Lateral Flow Test (LFT) prior to their visit. These precautions applied to all visitors including visiting professionals.

People and staff were regularly being tested for COVID-19 as per the government guidelines. Staff wore PPE and had been given training on how to use it safely. The provider had ample stock of PPE available at the home. Staff had received training on infection prevention and control good practice.

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.

People and relatives told us the service was safe and felt homely and staff were friendly and welcoming. People told us they enjoyed the food and had a choice of meals, drinks and snacks. People had their own rooms which they could personalise if they wished.

There was a registered manager in post who had worked at the service for a number of years. People, relatives and staff told us the service was well-managed and they felt able to approach the registered manager with any concerns. The provider had kept people and relatives up to date with changes and events

with weekly emails. Quality monitoring was being carried out to assess and identify any area for improvement.

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 15 October 2019) where we found three breaches of regulations. We imposed a condition on the providers registration for them to submit a monthly action plan to CQC. This recorded what action the provider took to make the required improvement and by when. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staff support and training and governance.

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 Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. 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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Priory Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Priory 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 Care Act 2014.

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

This 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

The Priory 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection to check on COVID-19 factors prior to the site visit.

What we did before the 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. This is information providers are required to send us with key information about their 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 four people who used the service about their experience of the care provided. We spoke with three members of staff, the registered manager and the provider. We reviewed a range of records. This includes five people's care records and multiple medication records. We also looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We spoke with a further five people and seven relatives on the phone about their experiences of the care provided. We also spoke with the registered manager and the provider. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted five professionals for their feedback about 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to identify and manage risks relating to the health safety and welfare of people and manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- At our last inspection we found the provider had not had the gas kitchen hob safety checked which is a requirement by law. At this inspection this had improved, and the provider had all gas appliances serviced as required.
- People had their medicines as prescribed. Since our last inspection the provider had installed an electronic medicines management system. This helped to make sure people had all their medicines when they needed them by alerting staff and management to any discrepancy.
- People who had 'as required' medicines had an 'as required' protocol in place to give staff guidance on when to give this type of medicine.
- At our last inspection we found some people did not have topical medicines administration records (TMAR) in place for their creams. At this inspection we saw this had improved. People had a TMAR in place which included a body map. It was highlighted on the body map which cream needed to be applied on which part of the body.
- Staff had recorded on people's creams the date they were opened so they would know when the cream expired.
- At our last inspection staff had not recorded action taken when temperatures of medicines storage areas had exceeded a safe range. At this inspection all medicines storage areas were checked daily, and temperatures demonstrated they were in a safe range.
- People's risks had been identified and there were management plans in place. Guidance was clear for staff to know how to support people safely.
- People had a personal emergency evacuation plan in place which recorded their needs and gave guidance on how to evacuate people in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were safe at the service. Comments included, "I certainly do feel safe. It is such a lovely home and so many people around", "Yes, I do [feel safe]. I have nothing to worry about" and "[relative] is well cared for. Security is very good."

- Staff had received safeguarding training and knew the different types of abuse. Staff were confident about how to report any abuse and that appropriate action would be taken. One member of staff told us, "I would talk to the senior and report it to the registered manager or the provider, I would not hesitate to do that as I would not want to see anything like that go on in the home."

Staffing and recruitment

- At our last inspection we recommended that the provider seek advice about how to calculate staffing numbers to meet people's needs. The registered manager told us she kept the staffing numbers under constant review and increased them at peak times when needed.
- People and relatives told us there was enough staff. Comments included, "Such a lot of wonderful people here. I think there is somebody here at nights and weekends. If I need help, I have the buzzer and they [staff] come", "I feel that [relative] gets the attention they need. When I visit [relative] is in the garden, the others there are well tendered to" and "My [relative] has been here three years. Evenings and Weekends are just as good in staffing as Mondays to Fridays."
- Staff told us there was enough staff employed. One member of staff said, "I think as long as we have the three carers and the senior there is enough staff, if there is less that is a lot harder. Staffing is consistent, if somebody does ring in sick, they [provider] do try and cover the shift."
- The staff team supported the home throughout the pandemic covering additional shifts so that agency staff had not been needed.
- People were being supported by staff who had been recruited safely. All the required pre-employment recruitment checks had been carried out.

Learning lessons when things go wrong

- Systems were in place to manage and learn from incidents and accident. The registered manager reviewed incident forms to make sure action was taken to prevent reoccurrence.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to make sure all staff had the training and support they needed to effectively carry out 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.

- Staff had been provided with the training they needed to enable them to carry out their roles effectively. New staff were provided with an induction and had time to shadow more experienced staff.
- Community nursing staff had been asked to provide training on pressure area care. Other training was provided by workbooks, e learning and some face to face sessions. One member of staff told us, "I do feel I have had enough training; I have been in care work for a long time and I feel I can do my job well. There is always some form of training to do."
- Staff were able to have supervision regularly with the registered manager. Support was available to them at any time if they needed it and on a more formal basis. One member of staff said, "I have my supervision with [registered manager], she goes through what I want to do. It is time with her, we sit down and talk through things. She will sort things out for me, she is easy to talk to."

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

- At our last inspection we found the provider was using an out of date tool to assess people's needs in relation to the risk of developing pressure ulcers. At this inspection we observed the provider was using an up to date copy of the tool to assess people's needs. This meant assessments were more accurate and helped staff to identify risks.
- Prior to people moving into the service their needs were assessed by the registered manager. We observed in addition to the managers assessment people's relatives had also been involved where appropriate.

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

- People told us they enjoyed the food and they had choice. Comments included, "Oh yes, it is lovely food, marvellous food. They [staff] always ask if I want more but I don't want any more as there is always enough for me. They [staff] always come every day with a menu. If I don't like it, I will tell them [staff] what I want, and they always give me another option" and "On the whole [the food] is quite good. Some meals I don't like but there is always a choice."

- People were able to have a diet that met their preferences and health needs. We observed a mealtime and saw that people had a choice of food and drink. Support was provided by the staff in a relaxed way.
- People's likes and dislikes were recorded on forms and shared with the kitchen, so they had information to help them plan menus. People were also involved in planning menus which were changed seasonally.
- Outside of mealtimes people had access to drinks and snacks.

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

- Staff had handovers to make sure they kept up to date with any changes to people's needs.
- People were able to have access to healthcare professionals to make sure their health needs were met. Community nurses visited regularly to support people when needed.

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

- People were living in a service that had been well maintained and was suitable for their needs.
- People had their own rooms or flat and were able to bring in personal belongings to furnish and decorate their private space.

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). 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.

- People were being supported to make their own decisions as staff were working within the principles of the MCA. Staff had been given training on the MCA and were able to have guidance from the registered manager.
- Where people lacked capacity, an assessment had been completed and action taken to support decision making.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 our last inspection the provider had failed to have robust systems in place to identify and improve the quality and safety of the service. This was a repeated breach of regulation 17 (good governance) 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 17.

- Following our last inspection, we imposed a condition on the providers registration in response to the repeated breach of regulation 17. This was to submit a monthly action plan to CQC which the provider did.
- As part of our review during the pandemic to reduce regulatory burden for providers we removed this condition. In June 2020 we were satisfied the provider had taken sufficient action to make required improvements.
- At this inspection we have found the provider has sustained the improvement required and had systems in place to identify any improvement required. Audits were being carried out regularly and action take to make improvement where needed.
- The provider had sought advice and guidance to improve medicines management from an external pharmacist. They had visited and carried out medicines audits which the provider had used to make improvements.
- At our last inspection we saw improvement to people's personal care records was needed. At this inspection the registered manager told us they had reviewed all the records in use and simplified systems. Records had been reduced to a manageable form that staff used to record people's personal care.

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

- People, relatives and staff told us the service was homely, friendly and the staff were welcoming. Comments included, "They [staff] care for everybody including the visitors like myself. Incredibly lovely group of people", "I couldn't hope for better staff. They [staff] always knock on the door if it is closed but also even if it is open" and "They [staff] are so caring and so kind, will go above and beyond to look after the residents. Residents feel like the place is their home."
- Staff worked well as a team and told us they enjoyed their jobs. Comments included, "I really do enjoy it, it is one of the best care homes I have worked in", "I love it, I love caring for the residents, like a second family"

and "It feels a nice place to work, it feels like a happy place to be."

- We observed and heard positive interactions between people and staff. People were relaxed and approached staff when they needed assistance. Staff responded in a timely and personalised way. One person who had moved in recently told us they felt like they had "come home".
- People, relatives and staff told us the service was well managed. There was a registered manager in post who was visible and approachable. Comments included, "The Manager is very approachable. I can send her an email and she will respond within a very short time. The care is excellent and as far as I am concerned on all levels the home is very well run" and "It is well-led. It is done by how they continually motivate the staff and their regular activities even in light of COVID-19."

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 was open and transparent with people, relatives and professionals when needed. They understood their responsibilities under the duty of candour.

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

- People, relatives and staff had the opportunity to feedback to the service and share their views in a variety of ways. The provider carried out quality assurance surveys, used emails to communicate with relatives and carried out care reviews.
- The provider kept people and relatives up to date by email throughout the pandemic with weekly updates and guidance on any changes. The emails were also shared with CQC.
- The provider supported relatives to communicate with each other during the pandemic with technology. We were able to observe a picture board at the service with positive comments and photos from the relatives about the care and support people received.
- Feedback and comments were added to the service business development plan which the provider kept under review. One relative said, "We have had relatives' meetings as well as providing suggestions which were taken up. I would add that they are then put into practice."
- Staff told us they could approach the registered manager at any time and share their ideas for improvements. They told us they felt listened to. One member of staff said, "[registered manager] very much listens to my ideas, she is very approachable and always there."
- The service worked in partnership with others to make sure people had the care they needed. People were able to see healthcare professionals to make sure they had the care they needed.
- The provider was on the board of a local provider support partnership. This aimed to support providers of care services in Wiltshire and share good practice. This membership enabled the provider to work with the local authority and other agencies to keep abreast of changes and new guidance.