St. Cloud Care Limited

Priory Court Care Home

Inspection report

Old Schools Lane
Ewell Village
Epsom
Surrey
KT17 1TJ

Tel: 02083930137
Website: www.stcloudcare.co.uk

Date of inspection visit:
04 October 2018

Date of publication:
24 December 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 04 October 2018 and was unannounced. At our previous inspection in 2016 we rated the service as overall 'Good', with a 'Requires Improvement' rating for the 'Effective' domain. This was to do with how peoples consent was recorded. At this inspection we found the registered manager had addressed those issues, however we identified areas within the 'Safe' domain that would benefit from improvement.

Priory Court Care Home 'care' home. People in care homes receive accommodation and nursing or personal care as 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 can accommodate up to 89 older people. Care is provided across three floors in six units (named after flowers and trees). At the time of our inspection there were 83 people using the service. A large proportion of people where living with varying degrees of dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present on the day of the inspection.

The registered manager and the staff team were trying hard to give a good standard of care for each person. People said they felt safe and well cared for by kind and caring staff and were happy, with good food and the homely setting. Relatives told us they felt secure in the knowledge their relatives were safe and that the staff are kind and supportive. Relatives felt listened to.

Staff practice around infection control, and completion of care records, such as food and fluid charts, and updating risk assessments, had been identified as needing improvement by the providers quality assurance processes. The actions to rectify these issues were ongoing at the time of our inspection , as we also saw examples were staff practice could improve in these areas. We also had mixed feedback about the numbers of staff deployed around the home. This feedback was received from people, their relatives, and some of the staff. Most was very positive about the staffing levels, saying they were always friendly, responded quickly to call bells, and took time to sit and talk with people. However some feedback said that at busy times of the day, people had to wait for care and support. We have made three recommendations around the issues of infection control, completion of records and staff deployment to the provider.

People were protected from the risk of abuse because staff understood their roles and responsibilities should it be suspected. Robust recruitment practices were carried out to ensure new staff were suitable and safe to work at Priory Court Care Home. Peoples medicines were managed and they received them as prescribed.

Peoples needs are assessed before they move into the home, to ensure staff and the facilities can meet those needs. The registered manager said that people from different cultures and from the lesbian, gay, bisexual and transgender communities would all be welcome at the home and made to feel safe. Ongoing adaptations were being made to the home environment to make sure it suited the needs of the people who live here.

Staff received training and supervision to give them the skills to provide an effective level of care to people. Staff worked well as a team to ensure information was shared which resulted in people receiving effective care and support.

People were supported to have enough to eat and drink, and feedback about the quality of the food was positive.

Peoples rights under the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) were met. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Where people's freedom was restricted appropriate referrals to the local DoLS team had been made in accordance with the Act.

People and their relatives gave positive feedback about the caring and respectful nature of the staff. Staff know the people they support, and we saw many friendly and respectful interactions with them on the day of the inspection. People's choices and preferences were respected by staff. When people are at the end of their life, their choices and preferences are documented and followed by compassionate staff.

People helped develop their care plans whenever possible, including reviewing if the support still met their needs on a regular basis. There were a variety of activities available to people to help keep them entertained, fit and healthy.

The registered manager welcomed complaints as they were an opportunity to say sorry and to make improvements. Complaints were dealt with in accordance with the providers policy, and resolved to the satisfaction of the people who made them. People told us they feel comfortable raising any issues with the registered manager.

The registered manager and his team continually worked at trying to improve the service people received. There were issues found on the day of the inspection, however the quality assurance processes used by the staff had already identified them, and plans were in place to address the issues. People and their relatives gave consistent positive feedback about the management and staff of the home, which echoed the homes values of people living in a friendly homely environment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

People were not always cared for in a safe way.

Risks to people were identified but not always acted upon to help keep people safe.

The deployment of staff meant people in some units had to wait for care and support at busy times of the day.

Some infection control practices needed to improve to reduce the risk of spreading infection.

Peoples medicines were well managed and they received them as prescribed.

Staff recruitment process ensured only suitable staff were employed at the home.

Is the service effective?

Good

The service was effective

Staff training and supervision had been effective at ensuring staff were able to give a good standard for care and support to people.

People were supported to ensure they had enough to eat and drink. People's preferences and specialist diets were known by the care staff. Food and fluid records were inconsistently completed by staff.

People had access to health care professionals for routine check-ups, or if they felt unwell. Staff ensured professionals guidance was followed, such as for people at risk of pressure wounds.

Adaptations had been made around the home to make it more dementia friendly. Further improvements were also planned by the provider.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's

liberty may be being restricted, applications for DoLS authorisations had been completed.

Peoples needs had been assessed prior to coming to the home, to ensure those needs could be met.

Is the service caring?

Good

The service was caring.

We saw good interactions by staff that showed respect and care to the people they supported.

Staff knew the people they cared for as individuals, their preferences and how they wanted to live their lives.

People could have visits from friends and family whenever they wanted.

People's right to practice their faith was respected and supported by staff.

Is the service responsive?

Good

The service was responsive.

Care plans had missing information although staff knew the care and support people needed. People were involved in their care plans and their reviews.

There was a complaints procedure in place. Staff understood their responsibilities should a complaint be received. The registered manager had ensured that actions taken to resolve complaints had been followed by staff.

Staff offered activities that matched people's interests. People who spent their time in bed had one to one contact with staff.

People were supported at the end of their lives to ensure their needs and preferences were met.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks had been effective at identifying where the staff were following best practice, such as infection control and completion of care records. Corrective action to improve these areas was underway at the time of our inspection.

People and staff were involved in improving the service. Feedback was sought from people via meetings and annual surveys, and the actions taken as a result were well advertised.

Staff felt supported and able to discuss any issues with the registered manager, however some felt the issue of staffing at busy times had not been fully addressed.

The registered manager understood their responsibilities with regards to the regulations, such as when to notify CQC of events.

Priory Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 04 October 2018 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a specialist nurse advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held including notifications we received from the service of significant events. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We review this information to see if we would need to focus on any particular areas at the service.

During the inspection we spoke with 30 people and 15 relatives and visitors. We spoke with five relatives or visitors to the home. We also spoke with 10 staff which included the registered manager who was present on the day. We observed how staff cared for people, and worked together. We also reviewed care and other records within the home. These included 17 care plans and associated records, 10 medicine administration records, five staff recruitment files, and the records of quality assurance checks carried out by the staff.

We also contacted commissioners of the service to see if they had any information to share about the home. After the inspection the provider sent us further information to show that they had responded to the concerns we had raised.

Requires Improvement

Is the service safe?

Our findings

Care plans did not always recognise and address risk factors relating to people's mental health. Staff had identified hazards to people's health and safety and understood the actions they needed to take to minimise the risk of harm. These were documented in people's care records to give staff guidance on how to minimise the risk of harm. However, we did find one that had not yet been updated in response to a psychiatric and medicines review carried out the previous week. This identified that the person had been at risk of self-harming. Staff who cared for the person knew of the risk and how the person may hurt themselves, however this had not yet been documented in the care records. Staff were acutely aware of issues relating to another person's behaviour that occurred on a regular basis. Staff were able to describe the triggers for this behaviour and the strategies to support the person. However, the mental health risk assessment and care plan were not detailed, and did not include all the information that staff knew. There was a risk that as the information had not been documented in detail, staff unfamiliar with the person may not understand their particular support needs to keep them safe.

We recommend the care records for people with mental health conditions are reviewed and updated.

Other areas of risk to people had been documented and well managed. People at risk of choking had been assessed and professional guidance from Speech and Language Therapists was in place. Staff understood and followed this guidance to reduce the risk of people choking, for example by ensuring they were sat upright to eat, and ensuring food was presented in the correct consistency to aid swallowing. Other people who may have been struggling with mental health needs such as depression had also had the risk of harm assessed and guidelines for staff produced. Staff were seen to follow the guidance as set out by the community mental health team and community psychiatric nurse, for example one person received 30-minute checks by staff to talk to them and check their mood. Specialist tools such as the geriatric depression assessment had been completed to identify those that may be at risk.

The availability of staff to provide safe care and support was inconsistent across the home. We had a mixed response when we asked people if they felt there were enough staff to meet their needs. One person said, "Because I can move around on my own sometimes I have to go and find staff (because there are none around) but usually I do find someone." Another person said, "They are nice, caring staff - when I see them." Other people were more positive such as the person who said, "No, I don't have to wait long (if I ring my call bell). Night staff are the same, there is always someone around." Relatives also fed back a mixed response about the levels of staff. One said, "You wait and wait and they eventually do things if you pester." While another relative said, "They assist [my family member] very quickly. If there is a wait there is usually a very good reason like someone has an emergency. I never hear bells going all the time."

Staff also felt that at times they were stretched due to the needs of the people they supported. They felt they were always rushing, and worried that people had to wait for things like breakfast , as they were helping others. Urgent needs were responded to, such as when call bells were sounded. The deployment of staff around the building also added to the impression people had that there were not enough staff. On the top floor we observed that three care staff and the team leader were sat in one of the lounges interacting with

people. This was all the staff for that unit. While this was happening, there were a number of other people in their rooms, who were unable to see or interact with staff. Relatives and visitors walking around the unit would not see any staff and could assume none were available.

The registered manager used the providers staff calculation tool to plan how many staff were needed on each shift. This took into account the varying needs of people. However due to the size and layout of the building staff felt stretched at busy points of the day.

We recommend the provider review the needs of people and how staff are deployed around the building to meet those needs.

People were positive about the cleanliness of the home. One person said, "My room is always clean, always hoovered." Another person said, "It [the home] is kept very clean." Despite these comments, we did find some aspects of infection control that did require improvement.

People were cared for in a predominantly clean and safe environment, however we did identify some areas for improvement on the day of the inspection. Parts of the home's decoration looked tired, although we noted a redecoration plan was in place for 2019 that covered the whole house. Staff had not always followed infection control guidance, for example we saw two staff in different areas of the home carrying bags with waste, not wearing gloves. When they saw us observing they immediately put their gloves on, showing they knew they were not following best practice. Incontinence pads in a store cupboard in one of the units were found to be out of packets, and we also noticed a (clean, unused) pad sitting on someone's side table in their room out of the packet. In one of the sluice rooms we found the lid to the sluice machine to be rusty and dirty. The large sink in this room (for washing items) had urine bottles in it and dust and a slab of concrete indicating it was not used. There was a small hand washing sink which was clean. Issues around staff using correct personal protective equipment had already been identified by the providers quality assurance process. Actions to rectify the inconsistencies were being addressed at the time of our inspection. The registered manager confirmed they had addressed the issue with the sluice room and incontinence pads immediately after the inspection .

People gave us positive feedback about how safe they felt living at Priory Court Care Home. One person said, "I feel safe. I don't worry about anything really because they look after me and everything really." Another person said, "I am very safe here and all my things are too. We all are." Relatives also confirmed that they felt their loved ones lived in a safe home. One relative said, "I've never had any concerns and don't see anything to concern me with others [that live here] either."

People were protected from the risk of abuse. Staff understood the signs to look for and knew of their responsibility to report it if they suspected it had taken place. Where abuse had been suspected staff had taken appropriate action to protect those people at risk. A relative told us how impressed they had been at the staff response to an incident their family member had reported. Staff had followed the safeguarding procedures and notified the relevant authorities. The result was that the person's worries were put to rest as action was successfully taken to ensure their safety.

We received positive feedback from people and their relatives about how they were kept safe. One relative said, "They cover all outings well with staff and always risk assess everything. Residents and staff are safe here."

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that potential staff were of good character, which included Disclosure and

Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were given and managed in a safe way. People were involved in the process whenever possible. One person said, "I know what they [medicines] are for and I always have them with my food or just after." Another person said, "They bring it to me and watch me take it." A relative with the legal right to make decisions for their family member said, "I know everything my family member is on. They discuss everything with me and they quickly got all the medication sorted out and right dosages when she first came. They were very good."

Only staff that had been appropriately trained, and had their competency checked were able to give medicine to people. This was demonstrated by the safe use of medicines to manage people's health. One person was living with diabetes and had a variable dosage of insulin that reflected their fluctuating sugar levels. Staff were aware of the person's dietary requirements to manage this. Staff who gave medicine were knowledgeable about what it was for, possible side effects and of people's preferences. They were seen to give medicine in a planned and considerate manner.

Peoples medicines were stored and recorded in a safe way. Medicines were stored in locked trolleys and were never left unattended where unauthorised people could access them. Records of when medicines had been given were complete and demonstrated people had been given their medicines as prescribed. Specialist methods of giving medicines were used, such as the use of skin patches. These were well managed, such as recording were the patch had been applied so that this could be rotated to minimise the risk of skin irritation, or reduction in absorption (if they were placed on the same spot each time.) Regular checks of medicines were completed to ensure that the number recorded in records matched with the actual amount stored. Medicine trolleys and cupboards were kept clean and well organised. Temperatures of medicine storage facilities were also recorded to ensure they were within manufacturers recommendations.

Good

Is the service effective?

Our findings

People were supported to have enough to eat and drink, however improvements in record keeping would reduce the risk to people from malnutrition and dehydration. Where people had been identified as at risk of dehydration or malnutrition food and fluid charts had been put into place. These were for staff to record how much a person had eaten and drunk to check they had enough over a 24-hour period. There were gaps in the fluid charts, and the records of what people had eaten were also inconsistent. Another example was where one person had a preference for small meals recorded in their care plan. On the day of the inspection the person was given a standard size portion to eat at lunch. They hardly touched anything. A staff member said to us, "She had hardly eaten anything," however this had not been recorded on the food chart. The food and fluid chart stated the person had eaten, 'cold ham and chicken, coleslaw, potatoes and salad' without record how much of it had actually been eaten. We checked the persons weight records and they were gaining weight, and there was information that the GP and dietician were aware of the person not eating much. This, along with the feedback from people and relative below, indicates the risk to the person was low as it was more a recording issue, rather than people not having enough to eat and drink.

People were positive about the quality of food and drink. One person said, "The food is nice, well cooked and looks nice. They help me to cut things up." Another person said, "I do like that we have a choice and there is plenty. They help me and don't rush me." A relative said, "The food looks and tastes excellent and they invite us for lunch when we would like. I like this because it means I can still have meals with my family member and we share a glass of wine." People were also positive about their access to drinks. People with limited mobility or who stayed in bed told us their drinks were always placed within reach. One person said, "I have a jug in my room and I can reach it on my table anytime." A relative said, "There is always a drink station or tea trolley around and they make tea anytime." With regards to encouraging people to drink a relative said, "My family member can always reach a drink and if they see she hasn't been drinking much they encourage and help her."

People's needs had been assessed before they moved into the service to ensure that their needs could be met. This involved meeting with people and those important to them. This also eased the transition into the home for people. One person said, "I think because everyone is so nice that I've settled in here so well." A relative said, "Staff really helped her settle in. They were very understanding, particularly the activities team." We asked her the assessment process and they said, "We came in for a day and had lunch." This would enable the person to see the environment and give the staff time to assess their needs in the homes environment.

Assessments also covered if support was required with regards to the Equalities Act and any protected characteristics that people may have. At the time of our inspection there was no one who identified as lesbian, gay, bisexual, or transgender. The registered manager said that this would be discussed during pre-assessment and they would ensure that people would be made to feel safe and welcome. Assessments contained detailed information about people's care and support needs. This also gave the opportunity to check if any special action was required to meet legal requirements. For example, when using specialist medicines, or equipment that lifts people and required periodic inspection and testing.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. One person said, "They are very good at what they do." A relative said, "Oh they are well trained here." Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice. One staff member said, "I had to do loads of training before I even started working here. I remember I hadn't done it all and the manager was on top of it reminding me all the time." Staff had regular supervisions (one to one meetings with their manager) to discuss training needs, and give them the opportunity to discuss their role with their manager. A staff member said, "They tell me how I'm doing, etc."

Nursing staff told us they received the training they needed to meet the clinical needs of the people. They said that this was ongoing. The clinical lead was very knowledgeable about people and their needs and could answer any questions we had to demonstrate this.

The staff teams worked well together to provide effective care and support to people. Daily meetings took place in the morning with the heads of departments to discuss any issues or concerns. These included maintenance, laundry, the kitchen, care staff and admin. Topics such as staffing levels, changes in people's care, or complaints were reviewed to check the home was providing a good service. Clinical risk meetings also took place minutes where the nursing team and registered manager review falls, accidents, wounds, and infections. They also checked progress on referrals made to health care professionals and what feedback had been received from them, and if care and support had been updated as a result.

People received effective healthcare support. Access to external healthcare professionals ensured that changes in people's needs were dealt with quickly. Regular health checks were also routinely carried out with people. One person said, "I tell them and they look me over and call the doctor. They come the next morning. I've seen the dentist whilst I've been here." Another person said, "They arrange all that for me. I haven't had to do a thing. I have new glasses and new teeth." Relatives were also positive about how their family were supported. One relative said, "Everything is done and arranged from their side. They call me if they think she needs the doctor and he comes out the same or next day usually. She has a podiatrist, hair done, teeth looked at and has had eye tests here. It's all well managed and they keep me informed."

Peoples health was seen to improve due to the effective care and support given by staff. Examples such as hospital acquired pressure wounds being fully healed were seen. Nursing staff were clearly skilled in the management and prevention of pressure ulcers and their training was updated annually.

The home environment was adapted to meet people's needs. Adaptations had been made around the home for people who lived with dementia. These included blue coloured doors for toilets (and blue coloured toilet seats) with clear signage on all of the doors. There were items for people to interact with along corridors, such as necklaces hanging on walls. Memory boxes were in place outside people's rooms (and most had something in them) to help people identify their own rooms. Flooring was smooth to reduce the risk of trips and slips, and lifts were available to enable people to move around the home. The layout of the home also lent itself to suit people who chose to walk around in a purposeful way. Each floor was shaped so that circuits of the floor could be made without causing confusion or obstructions to people.

The Mental Capacity Act (2004) (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.

Where people lacked capacity to make certain decisions, their rights under the MCA were met. Assessments of people's capacity were decision specific. For example, where bed rails, or pressure sensing mats were in place to reduce the risk of falls.

Staff understood their roles and the principals of the MCA. One staff member said, "We're not to assume they (people) don't have capacity. I ask people three times before I do something [to make sure they understand] and then I tell them in advance what I am going to do [so they can understand what they are consenting to]." People confirmed that their consent was sought on a regular basis. One person said, "They do ask if they can touch me to wash or undress me."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where people's liberty was restricted to keep them safe, appropriate applications had been made to the DoLS team. One person had a mental capacity assessment for the locked front door and use of a sensor mat in their room. There was a best interests discussion recorded because of the assessment and then a DoLS application had been sent, due to the restrictions put into place to keep the person safe. This demonstrated the restrictions had been carried out in accordance with the mental capacity act.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion by staff. One person said, "They help me to look after myself and they are kind. They let my sister join in and that's lovely." Another person said, "I am rather fond of them. They make me laugh, and keep me on my toes."

Relatives were also impressed with the kindness of staff. One relative said, "They [staff] are marvellous and they are kind too. They are always holding someone's hand, stroking their arm even if they are in a group, everyone is acknowledged, spoken to. They are very tactile. It is lovely." Another relative said, "They are very good at never walking past the door without acknowledging my family member [who stays in bed]." People living with dementia were treated kindly and with respect. Staff had a good awareness of the needs of people with dementia and how to support them. Key staff had dementia level 3 training (residential dementia unit) to facilitate this.

Staff were attentive to people and their needs. During the inspection we heard many terms of endearment used by staff when they spoke with people. These included phrases such as, "Morning lovely," and "Okay, my love?" People responded positively to these phrases. Staff attentiveness was shown when one person was heading to the lounge area when they realised they'd left something in their room. A staff member said, "Don't worry I'll get it for you to save you walking back." Staff were confident in putting people first. When we were interviewing one staff member a person came up and started talking to the staff member. We noted the staff member turned away from us to respond to the person, rather than asking them to wait."

People were supported by staff that knew them as individuals. One person said, "I know most of them already and I do have two regular ones, day and night." A relative said, "The staff are pretty special, they all know the residents and a little bit about them, even if they are not looking after them, which is really nice. When my family member has chosen to stay in their room the staff always look in to check he is OK. It's very very good here. It gives us peace of mind."

People were actively involved in making decisions around their care and support. One person said, "I know they write everything down and they give me choices and I think about them, like if I want a bath or them to help me." Another person said, "They talk to me about the care that I have and if I want any changes and they write it down." Relatives were also positive about how people were involved in their day to day care and support. I come to meetings and updates about her care and progress and they update me each time I come in. I'm very well informed and they involve her in all of that too."

People's privacy, dignity were respected. One person said, "The carers know I like to be private about things and they respect that." A relative said, "Everything is carried out in a relaxed but professional and discreet manner, they use screens when hoisting, knock on doors and let everyone live their lives how they would like to." Doors were closed when staff gave personal care to protect people's privacy and dignity, however we did see clean incontinence pads left out in people's rooms, which could cause people embarrassment. The registered manager said he would address this practice immediately.

People's independence was promoted by use of specialist equipment to aid mobility, or to enable people to eat with minimum staff support. Walking frames were seen to be in use, as were wheelchairs to assist people mobilising. One person was seen practicing in their new electric wheelchair with the assistance of the maintenance staff, who had taken time out of their day to accommodate this. A person told us, "They help me with the things I find hard but they do encourage me to try." The registered manager had further plans to increase people's independence. He said, "We are especially looking at the residential department. People should be able to do things like they would do at home, such as having a kettle and fridge in their rooms. There will be risks but it's about managing them and educating staff about promoting more independence."

People were given information about their care and support in a manner they could understand. Information was available to people around the home, such as the correct time and date to help people orientate themselves. Other information on notice boards covered topics such as upcoming events that people may be interested in, as well as photographs of past events that people had enjoyed.

People's needs with respect to their religion or cultural beliefs were met. Staff understood these needs, and how the person's care may be affected due to their culture or beliefs. People had access to services inside and outside the home so they could practice their faith. Staff understood how important people's right to practice their faith was. People told us they could have relatives visit when they wanted, or go out on their own or with their relatives or friends when they wished.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. A relative told us, "When my family member first came here she was unsettled because of loud people. staff dealt with that the best they could. I spoke to the manager and they were very reassuring and put her in a room as far from the noise as they could. Some of the nurses put music on in her room so she couldn't hear the noise as much. I thought they dealt with it very well and they were calming to her. Now she is settled and has a fantastic room near to the reception and the registered manager is superb at helping everyone. He really goes out of his way and is kind hearted to us all."

When asked if they received the right care and support at the time they needed it everyone told us, "Yes." One person said, "They respect how I want things done." A relative said, "She chooses all of that [her support needs] and has a similar routine as when she was at home which is nice. There is no pressure on her. It really is good, home from home." When asked if they were involved in ongoing reviews of their care one person said, "I had to sign it and I'm happy with my care plan; it's just right." Another person said, "I've seen my care plan and I am happy with it. My family were there [when we did it]."

Care plans were based on what people wanted from their care and support. Reviews of the care plans were completed regularly by care staff so they reflected the person's current support needs. One person said, "They know my quirks and I think they work well as a team to look after us all." The files gave an overview of the person, their life, and support needs such as, health and physical well-being, personal care, spiritual and religious belief. Relatives that had the legal right were also included in reviews of people's care. One relative said, "We are asked if we can attend reviews and we do." Another relative said, "I am involved in everything. They are very good at that and take my views seriously too. I know all about her care and wishes and they chat with her whilst I'm there too."

Care plans addressed areas such as how people communicated and how their conditions may appear and affect their behaviour. There were clear guidelines for staff that explained how particular mental health conditions may manifest in a person, for example hallucinations, delusions and changes in behaviour (with details of what the individuals may be seeing or experiencing). Care given to people on the day of the inspection matched with the guidance in the care plans.

People had access to activities to keep them entertained and stimulate their minds. The majority of people we spoke with were very positive about the activities they were offered. One person said, "Oh yes, they 'push the boat out' with activities." Another person said, "I like painting and drawing. I like gardening and we do go out there too and do a few bulbs and things. I like the animals that visit. I go to singing once a week and have the church service." Relatives were also positive about the activities. One relative said, "There is always something going on and they plan ahead. At the moment they have been making decorations for their rooms. It's been lovely and they have themes like Summer, movies and beaches. Today they are making collages and everyone, including me have been involved."

Activities were well advertised so people could decide if they wanted to take part. One person said, "They

tell me every morning what's happening and remind me. We've watched the World Cup and Ascot ladies' day and we were wearing hats. We celebrated the Royal Wedding with afternoon tea. That was be a fun thing" A Weekly activity plan was displayed on walls around the home and activities included music quiz's, movie afternoons, garden club, outings, and art and crafts. There were also activities on offer for people living with dementia. These included sensory mitts with different fabrics to feel and interact with, as well as objects of interest in the lounge areas.

People were supported by staff that listened to and respond to complaints. There was a complaints policy in place that was clearly displayed around the home. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government and Social Care Ombudsman. People knew how to make a complaint, and said they were confident these would be dealt with. One person said, "I would tell the nurse or the manager." Relatives gave predominantly positive feedback about how their complaints had been managed. One relative said, "They deal with anything as quickly as possible. The manager is brilliant, very proactive."

There had been six formal complaints recorded since our last inspection. Five had been closed, all of which had been responded two within the providers timescales. The last one had been recently received and was being investigated by the registered manager. Completed complaints had been resolved to the satisfaction of the people who made them. One relative said, "There was one-day last week that my family members room hadn't been cleaned. I told [registered managers name] and it was done within half an hour."

People were supported at the end of their life to have, as far as possible a dignified and pain free death. Relatives told us they felt staff had responded well to support their family members at the end of their lives. There were advanced wishes in people's care plans. For example, recording where people would like to be when they passed away, whether they wished any religious input and the treatments people would like if they became unwell. One person said, "They know my wishes if I get poorly and that I don't want to go to hospital. I have my Rosary and they respect that."

Good

Is the service well-led?

Our findings

There was a positive person-centred approach to care at Priory Court Care Home. The registered manager had a clear vision of how they wanted the home to run. He said, "I want this to feel like their home. I want the residents and family and staff to feel this is our home. I want us to promote more independence for the residents, and for staff to feel proud of the home." Feedback from people and their relatives about the registered manager was positive, confirming that he set the standard for his staff. One person said, "Yes, I know he is in his office and he comes in to chat and help. He is a lot of fun." A relative said, "He is lovely and you see him helping out. He knows all the residents well and is proactive, gets things done, lovely chap."

The quality assurance process was robust and ensured the home was managed well and people received a good standard of care and support. The registered manager had an over-arching continuous improvement plan in place. This was reviewed and updated monthly, or as actions were completed. The plan was colour coded so it was easy to see at a glance where actions had been completed or were still being progressed. The action plan also incorporated actions from audits completed by external agencies, such as the local authority quality assurance team.

The internal audits that had fed information into the action plan had been effective at already identifying the issue with staff not consistently completing records. A plan of action was already in place to address this, which included routine auditing of documents to ensure staff had completed them. Where this had not been done, action could then be taken with specific staff if needed. Additionally, although care plans were in the process of being updated, as some information was out of date and did not consistently reflect the level and detail of personalised care that staff gave in practice.

We recommend that the registered manager continues to improve the consistency and accuracy of written records so they better reflect the actual care and support given to people.

The providers management team visited the home regularly to check on the care and support given. During the last visit they reviewed safety information that had been issued by health care services, and checked that the home was compliant. This included a review of medicines to ensure no paraffin based creams were in use (as there was a risk of harm if the person also smoked.) Other areas they reviewed included checking that company policy around inducting new staff had been followed, and that signage around the home was in a format suitable for the people who lived here.

People and their relatives team were involved in making improvements to the home. Action was taken as a result of the feedback. A relative said, "There are lots of opportunities to give feedback at relative meetings or there is a feedback box. They ask regularly what you think or if you have any suggestions." Another relative said, "Your ideas are welcome." Regular resident and relative meetings took place to share information and give people the opportunity to feedback ideas and suggestions. The last meetings covered topics such as winter menu planning, staffing, activities, and improvement projects. One of these was based on improving the facilities for people with dementia. This had resulted in one of the units being brightened up and objects of interest being available in corridors. The meetings also reviewed ideas had been raised

previously and what had been completed as a result. This demonstrated to people that their comments had been actioned. The response to comments was also displayed around the home with the use of 'you said, we did' posters. Successfully completed actions in response to feedback included purchase of foot stools and digital clocks, updating menus to clearly identify vegetarian options, and improvements had been made to parking arrangements.

Staff from across the home had regular meetings to discuss issues, and suggest ideas to improve the service. Feedback was given with regards to staffs concerns over staffing levels, and the registered manager gave an update on actions he had done to address the issue. A 'you said, we did' poster was also generated to show the issues raised and what the management response was. This also included feedback from a staff survey that had taken place. The main issues highlighted by staff were with staff sickness and staffing levels on one unit. The provider had responded to these issues, such as following company procedures with regards to staff sickness, and reviewing people's needs for those units identified as being short of staff at particular times.

There was a culture of continuous improvement within the home, led by the registered manager. In the provider information return completed by the registered manager they identified a number of initiatives they were working on. These included bringing in people to give talks that may be of interest to people, and making further improvements to the environment for people living with dementia. These were ongoing at the time of our inspection. The registered manager said, "I want the basics done right first, such as consistent completion of records by staff. We have lot of things going on, like waiting for decoration. Our next focus is the top floor after the cinema has been done."

People benefitted from a staff team that worked in partnership with other agencies. An example of the partnership working included the organisation Dementia Friends visit where they did a talk with people, their families, and staff. This raised awareness of dementia across the home. Community links were being developed such as three local schools visit over the year and provide entertainment. The lifestyle activities coordinator has also attended a networking meeting within the area, to get the community to priory court and vice versa. This was evidenced by the builders from a nearby site getting involved in improvements to the home (installing raised flower beds), and getting them involved in a recent MacMillan Cancer Event. Healthcare professionals have also been invited into the home to give talks and training. Examples included the dietician giving three sessions to improve nutrition and hydration activities. This resulted in hydration stations and snack bars being introduced into the lounge areas. The palliative care team had also been in to discuss end of life care. These initiatives brought improvements to the home and the experiences of the people that lived here.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. A review of the records during the inspection showed us that the registered manager had reported to the CQC when needed.