

Parkcare Homes Limited

Preston Private

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on the 22 and 23 March 2017. We also attended the home on the 24 March to provide the acting manager and quality manager with feedback from the inspection. The first day of the inspection was unannounced, which means the home did not know we were coming to inspect. The home was last inspected on 10, 11 and 12 February 2016, where eight breaches of the regulations were found. The home was previously rated as requires improvement overall and requires improvement for the key questions of effective, caring, responsive and well led. The safe key question was rated as inadequate. At this inspection, we looked to see what work had been completed, to ensure the quality and safety of the service had improved. At the inspection in February 2016, we found there were still outstanding actions from the previous inspection, in July 2015. We ascertained that the action plans developed from the inspection in July 2015, had a deadline for the actions to be completed by April 2016. This was following the date of the inspection in February 2016, as a consequence the completion of these action plans, was also considered as part of this inspection.

We found that improvements had been made at this inspection and many of the actions from the previous two inspections had now been completed. However, we did still have concerns in some areas. At this inspection we found one breach to Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was predominantly around concerns we had at the previous inspection and included; a lack of action to risk assessments, including updating assessments at the point of change and ensuring action identified to reduce risks was implemented and carried out. We also identified a number of actions had begun but were not embedded or needed some further thought to ensure they were practical. This included the consistency of the Personal Emergency Evacuation Plans (PEEPs) and the completed plan for evacuation. We noted work had been done to develop the PEEPs and they were generally person centred, however the overall plan for evacuation was not achievable due to the size of the home. We also had on-going concerns around the electrical installations in the home and had not seen a satisfactory certificate for the last two inspections. We have insisted this work is completed as a matter of urgency and the certificate forwarded to us as soon as it becomes available.

We have also made 12 recommendations. Recommendations are made when a regulation has not breached but are used to encourage improvement. We have made recommendations about staffing and training, dementia care and consent and the availability and use of information. We have also made recommendations about the completion and use of records and their audit and the availability of clinical waste depositories.

The home is a large service which can support up to 105 People. The home has two nursing units, 'Longsands' and 'Ladywell' a residential unit named 'Durton' and a specific unit to support people living with dementia named 'Ferynalgh'. At the time of the inspection there were 101 people living in the home.

The main body of the home has not changed in its layout or decoration since the last inspection. The main entrance leads into a small reception area and administration office. From this area you walk onto a wide

corridor at a 'T' junction. One way leads down to Fernyhalgh, which is the separate unit supporting people living with dementia and the residential unit and the other way leads to the two nursing units, Ladywell and Longsands. Durton and Longsands have an interlinking corridor at the back of the building thus creating one circuit of the home. A number of smaller corridors interlink units. It is very easy to get lost in the home and whilst each unit has a different coloured hand rail this does not help identify where you are or how to get to where you want to be. At the previous inspection we identified this as a concern and asked the home to review this. We were told people had been asked if they liked the decoration of the home and had responded "Yes." There was not any detail available of who was asked, how many people were asked and how they were asked. As a consequence no changes had been made. We discussed this with the current manager and quality manager and it was agreed this review would be completed again, with the premise that the review was to ascertain if people found it easy to navigate the building and what improvements could be made.

There is a large laundry in the basement area of the home. All other facilities are on the ground floor including a large catering kitchen and lounge and dining areas for each of the units

Since the last inspection there have been a number of managers in the home. The home is required to have a Registered Manager. A Registered Manager is a person who is 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 previous Registered Manager had left shortly after the previous inspection. No one had registered since. At this inspection we were told the previous Registered Manager was returning to the home the week after the inspection and would re-register with the Care Quality Commission.

Since the last inspection in February 2016, the home had made significant investment into the home and the staff who work there. We found the atmosphere in the home had changed and staff and people living in the home told us they were much happier. It was clear there had been financial investment in meeting the requirements of some of the regulations including, investment into the environment in the dementia unit, Fernyhalgh. We found this unit was much calmer and staff were more confident in meeting people's needs.

As a consequence of the investment, people in the home felt more in control of their lives and felt involved in decisions about their care. People all told us the staff treated them with dignity and respect. This was evident in the observations we made and conversations staff and people in the home engaged in. People were well presented and looked forward to the planned activities available in the home. The addition of a home minibus had been well received around the home and people were looking forward to trips out in the coming summer months.

Staff had engaged in a comprehensive training programme and nurses had the opportunity to keep their skills up to date and to learn new ones. Staff felt supported by each other and the management of the home and their professional roles had seen an obvious investment. This of course had an impact on how they undertook their role and each staff member we spoke with told us in varying degrees how much they enjoyed working at Preston Private.

People we spoke with complimented the choice and quality of the food and felt their dietary requirements and needs were met. Information was available to the people in the home via the notice boards and the regular resident and relative meetings. Information from these meetings was shared with everyone in the home.

The home had significantly improved since the last inspection and with the further work planned on improvements to the service we envisage seeing care provision and the environment continue to improve.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Contingency plans had been developed to support people in the event of an emergency but more work was required to ensure they could practically be implemented. The electrical installations certificate needed to be certified as satisfactory.

The staffing compliment required further assessment to ensure senior staff had the support they needed to fulfil the obligations of their role.

Risks were assessed and plans to reduce them mostly followed. However some changes in need had not routinely led to an updated assessment and improved support plans

Medication was managed safely and good records were kept.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported effectively with their nutrition and hydration needs and where additional support was needed appropriate referral was made.

The home had invested in the staff knowledge of the Mental Capacity Act 2005. Records were much improved and the principles of the Act were now being followed.

Staff were well trained and received support from the home's management and their peers.

There had been considerable investment in the environment of the dementia unit and more was planned. Further work was under review for the remainder of the building.

Good ●

Is the service caring?

The service was caring

People we spoke with told us they were involved with the care

Good ●

they received. We saw people were given choices throughout their day.

People and their relatives had the opportunity to comment on their care and felt their views were acknowledged and acted upon

We saw positive and respectful interactions throughout the inspection and noted that staff took extra care to preserve people's dignity.

Is the service responsive?

The service was responsive.

The home had a number of planned regular activities and a minibus had recently been purchased to allow for more outings in the community.

Plans of care were person centred and the delivery of care included people's needs and preferences.

People told us they felt involved and were able to make choices throughout their days.

People we spoke with knew how to make a complaint and when they were made they were managed appropriately.

Good ●

Is the service well-led?

The service was not always well led

There was a comprehensive suite of monitoring and audits. These were undertaken at all staff levels and across all activity. We found they did not always identify areas of concern or where improvements were required.

Risk assessments were completed to ensure the environment was managed safely and in line with legislation

There was a comprehensive set of policy and procedures and staff knew how to access and implement them.

Requires Improvement ●

Preston Private

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 was planned to check 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.

The inspection took place on the 22 and 23 March 2017, the first day was unannounced. The service is large and the inspection team consisted of six people. This included three Adult Social Care Inspectors and two experts 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. In this instance both had experience of elderly people's care including those living with dementia. We also had a specialist advisor on the team who was a specialist dementia nurse.

Prior to the inspection we reviewed information held by the commission including notifications and previous inspection reports. We also reviewed information provided by the Local Authority safeguarding team. The provider had submitted a provider Information Return in October 2016 which was also considered as a part of our planning for this inspection.

Before attending the home for the inspection we also contacted local stakeholders including the Local Authority contracts team, the Clinical Commissioning Group and the local Health Watch team.

Whilst undertaking the inspection we spoke with 22 staff including the acting manager who is the clinical lead for the home, the area quality manager, the services manager, maintenance person, cook, laundry assistant and domestic staff. We also spoke to all the unit leads, nurses and senior care staff and carers on the individual units. We spoke with 19 people who lived in the home and nine visitors to gather their views of the service they or their family members received.

We spoke with external professionals on the days of the inspection including two GPs and one district nurse.

We reviewed 21 care files and pathway tracked specific care needs within these. This means we looked at how support was provided to meet people's assessed need and whether this was what was needed to

support them. This included people's needs around risk of falls, their nutrition needs and needs for support under the Mental Capacity Act 2005. We reviewed nine Medicines Administration Records (MAR) in detail and observed three medication rounds across the home. We also observed how staff and people in the home interacted. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also reviewed minutes of meetings, audit and monitoring information, seven staff personnel records and other management information used by the home to monitor the standard of provision to the people living in the home.

We looked at the physical environment of the home, including the kitchen and laundry facilities. We also looked in communal areas and people bedrooms to ascertain if they were fit for purpose and met the needs of the people in the home.

Is the service safe?

Our findings

We asked people at the home if they felt safe. People told us they were well supported and comments included, "I fell and broke my wrist six months ago, I got a lot of support and it has not affected my confidence." Another said, "Safe is one of the words I'd use to describe my time here, The staff don't patronise you, they're very genuine."

We asked people if they were happy with the cleanliness of the home and their room. One told us, "Yes, two ladies come and tidy my room every day." Another said, "Definitely, it's spotless."

People's individual needs were risk assessed and were routinely updated monthly. However we found that when people's needs changed, risks were not always updated in a timely way. We also found that where risks were identified the action agreed to mitigate them was not completed. For example, in three files we looked at people had fallen and their risk assessment had not been updated. This meant that there was potential for additional support needs to be missed. We also saw one assessment which determined one person should drink a minimum of 1200 millilitres of water to reduce the risk of developing a UTI (Urinary Tract Infection). This person's fluid intake was not monitored to ensure the level of fluids was consumed each day.

We saw one person who was put into a chair and then the recliner activated to ensure they did not fall forward. However we also saw the staff were not equipped to support this person as they moved them from a dining room chair to the lounge chair inappropriately. We looked in the care plan for this person and saw staff did follow the care plan but it was clear the care plan required updating to meet the person's current needs. We discussed this with the manager who assured us both staff would receive additional training in moving and handling and that the care plan would be updated to reflect the person's needs. Concerns of this nature were identified at the last inspection and formed part of a breach to the regulation around safe care and treatment.

We reviewed the action plan from the last inspection to ascertain if other areas had been addressed. At the last inspection we found the home did not have a contingency plan for the safe evacuation of the home in the event of an emergency. This had now been developed, along with individual Personal Emergency Evacuation Plans (PEEPs). However we noted some inconsistencies within the plans in the main file and the copy held in individual files. For example one person's plan said they were to be supported with two staff and a wheelchair. It noted they may become anxious in the event of an emergency. The person's plan in the evacuation file stated they would not become anxious and should be removed from the home with the support of a ski sheet. This is a large padded sheet used to transport people down stairs who are unable to walk down them. We also noted that there were a large proportion of the home's residents that were recorded as requiring support with a ski sheet. The home had not identified through assessment that it was not possible to remove all of the people from the home in a timely and safe way. We discussed this with the manager and were assured the contingency plan and PEEPs would be reviewed and appropriately assessed to ensure the safe evacuation of people from the home.

In February 2016 it was noted the fire risk assessment had actions identified that had not been completed. We found at this inspection that a further fire risk assessment completed in September 2016 identified actions that had not been completed by the time of the inspection. There was a note to say the quote for the action was still with the works department for approval. We continued to have concerns around the safe testing and suitability of many of the homes fire doors. The fire risk assessment identified a resident was smoking in their room. We discussed with the manager and quality manager and insisted this needed further consideration and immediate action.

We also noted at the inspection in February 2016 that there were concerns around the professional testing of equipment. At this inspection we found most aspects of this had been completed including the professional testing of the lift, hoists and nurse call bells. However the gas safety certificate had expired in January 2017 and had not been replaced. The home had not had a satisfactory electrical installations certificate for over six years. At the last inspection a number of concerns were noted by the electrician completing the test, and whilst we were assured they had been completed a satisfactory certificate had not been provided for review during this inspection. We found additional electrical installations checks had been completed shortly before this inspection which identified a number of serious concerns. We insisted the provider addressed the concerns as a matter of urgency and send us a satisfactory certificate as soon as it was provided. We have not received this at the time of writing this report. We found the issues outlined above around risk assessments, emergency evacuation, fire safety and the professional testing of gas and electrical installations constituted a continued breach of Regulation 12 of the Health and social Care Act (Regulated Activities) Regulations 2014

The home completed a number of risk assessments on the environment of the home and the activity undertaken within it. This included the kitchen and laundry room. We found the assessments were reviewed and were implemented by the home's staff.

We reviewed the available information the home held about accidents and incidents. We saw the home had a prevention of slips, trips and falls policy dated March 2016. The policy identified the procedure to be followed to reduce the risks of falling for people in the home. The policy linked actions into other assessments including moving and handling and the potential use of bedrails and other equipment to support people at risk of falls.

We saw falls were monitored monthly, quarterly and annually. We saw from the quarterly monitoring of falls that between October and December 2016 there had been 41 falls of which 13 were un-witnessed. We reviewed these in closer detail and found seven of them resulted in an injury that should have been reported to the safeguarding team and to the Care Quality commission. We discussed this with the manager and quality manager and were told they would ensure the required notifications were submitted for the month preceding the inspection.

We found that post falls protocols had been developed but were not routinely used. This included a post falls checklist and a resident monitoring form following a fall. It is imperative that people are monitored following a fall to ensure they remain safe. We were assured by the manager that the home would agree the post falls monitoring protocol and ensure it was routinely used across the home.

We recommend the provider ensures the staff and management at the home develop a consistent way of recording, reporting and monitoring falls to ensure people received the required support.

At the last inspection we found there were not enough suitably qualified and trained staff to meet the needs of the people living in the home. At this inspection we were still concerned. Whilst it was clear steps had

been taken to support nursing staff with their continued professional development, we found there were not enough nurse hours for the two nursing units. This was evidenced by the time it took the nurses to complete the medication round. On both days of the inspection the morning medication round on both the nursing units and the dementia unit was not completed until around noon. This obviously had a knock on effect on the lunch time medication requirements of some people on those units. We also found it was only the nurses or unit leads that were able to confidently communicate with doctors and visiting professionals and they were constantly interrupted as a consequence. The other unit staff were also regularly seeking advice from them throughout the day.

We also found the residential unit had three people that required the support of two staff for moving and handling. At the time of the inspection there were 19 other people living on this unit. This meant that 18 other people had to wait for support if the staff were busy with one person with higher mobility support needs.

People we spoke with who lived in the home all said the staff were lovely and that they all worked really hard. Staff we spoke with were much happier and felt they worked well together. We reviewed the dependency tool used to determine staffing levels and found that on all units the assessment showed senior roles were not covered adequately so there were unallocated hours for nurses and senior carers. But the carer roles all had over the required allocated hours. The dependency tool was primarily a direct care tool and allocated hours of direct care based on level of dependency. As previously we noted that a significant amount of the nursing hours assessed as required for direct care were predominantly taken up by administering medication. As previously the dependency tool did not allow for staff training, holidays and sickness hours.

We would recommend the provider ensures staff hours are allocated to social, spiritual and emotional support as well as direct care hours. It was clear staff were undertaking this role at a carer level which did not allow the lack of allocated senior roles to be absorbed by the over allocation (according to the current dependency tool) of carer roles. We found staff were passionate about their role and wanted to be supported to undertake it to the best of their ability.

It was acknowledged that at the time of the inspection the clinical lead was filling the manager role. We spoke with the lead to ascertain if they would have more hours on the floor upon the start of the new manager the following week. We were told their role would still be primarily office based. We were also told the home had appointed a new deputy who was due to start in six weeks.

We recommended the deputy role was filled temporarily prior to them commencing and for the provider to ensure nurses were better supported to complete their primary role. Following the inspection we were told a new clinical lead had also been appointed and the home were awaiting a start date.

Staff all told us they would support each other to cover sickness and holidays and when the home used agency they used regular staff to aid consistency and knowledge of the service. The provider had clearly invested in the staffing at the home since the last inspection and the increased number of caring staff had given people in the home a better perception of the care that they received. Most people we spoke with told us that staff talked with them and took their time with them. However it was clear more senior roles were required. We have no longer found the home in breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as we acknowledge the new quality manager, who we have recently been told has become the operations director, is aware of this and has told us of plans they intend to implement to ensure senior roles are better supported moving forward.

We recommend the provider ensures more hours are dedicated to the senior roles within the home and that the dependency tool reflects the work of the caring roles better.

On the days of the inspection the home was clean. Domestic staff were in place and told us they had all the equipment they needed to perform their role. Cleaning rotas were used to ensure areas were cleaned and each room was deep cleaned in between occupations.

Each unit had a sluice room for the disposal of clinical waste. At the last inspection we recommended the disposal of clinical waste was reviewed. We saw at both the last and this inspection staff walking from bedrooms to the sluice rooms with bags of clinical waste. We also saw bags of clinical waste inside doors of bedrooms ready for disposal. There were notices above toilets requesting staff to not dispose of clinical waste in them as it was blocking toilets. This reinforced the need for clinical waste bins to be available at point of need in the bathrooms. We looked at the homes policy and noted it did not address the disposal of clinical waste other than to dispose of in the sluice rooms. A home of this size needed better access to clinical waste reciprocals. We acknowledged the home had had a number of managers over the past 12 months and that this review has not taken place.

We recommend a review of how the home manages clinical waste it is completed and addressed before the next inspection.

The laundry was managed well. Staff had access to Personal Protective Equipment in each bedroom but again none were available in the bathrooms.

We noted audits were completed on the prevention of infection control and these were completed monthly and following any outbreaks of infection.

The home had a comprehensive safeguarding policy and procedure which staff were aware of and were confident in implementing. Staff had a good knowledge of safeguarding and told us they were confident to report concerns. We saw a number of posters around the home for the reporting of safeguarding concerns internally and would recommend some coverage for staff in the event they wanted to report concerns directly to the Local Authority safeguarding team. We noted unwitnessed falls that should have been reported to the local safeguarding team and some concerns rose within complaints that should have been reported. The availability of the contact details of the local team would better assist staff to report concerns as required.

We recommend there is clear and available information on how to report concerns to the Local authority safeguarding team.

Staff had received appropriate training on safeguarding and renewed their knowledge annually we saw 86% of staff had current safeguarding training in place. Those whose training was due were being addressed.

At the last inspection we found people living in the home were restricted in chairs to keep them safe. Appropriate assessment had not been completed. At this inspection we reviewed the records of seven people who we saw were restricted by their chair being reclined or tipped back and found all but the one mentioned above had appropriate assessments in place.

We found the home were now meeting the requirements of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Recruitment files were well organised and we found information with them accessible. All staff had the required pre-employment checks including DBS and references. All files had the required information under schedule three of the Health and Social Care Act 2014 including photographic ID and confirmation of their home address.

Application forms were completed and staff were interviewed for the role in which they were recruited. The recruitment process was fair and equitable.

We observed three medication rounds over the inspection and found staff were respectful when administering medicines. People were told what their as required medicines were for and asked if they were required, consent was also sought before administration. Staff correctly recorded on the Medicines Administration Records (MARs) when people had taken, refused or did not require their medication.

The home had appropriate policies and procedures for managing medicines safely and we saw these were followed. This included two people checking medicines into the home and reviewing the MARs to check they were accurate. We saw medicines were stored as required and the fridge was kept in range to ensure the medicines were kept at the desired temperature.

Where people required additional support for their medicines including checks prior to administration of warfarin to thin the blood, these were undertaken. All the MARs clearly showed people's allergies and what to avoid when taking specific medication.

We saw the controlled drugs cabinet was managed in line with the best practice guidelines and medicines were counted and checked as required. We reconciled medicines from both the controlled drug stock and normal stock and both were accurate.

The only concern with the administration of medicines was the time it took to complete the round as addressed within the staffing section of this report. Staff received training and their competency was regularly checked.

The rating for this key question had improved from inadequate to requires improvement.

Is the service effective?

Our findings

We asked people if they felt their needs were being met and each told us they were. People told us the staff knew them well and knew what they needed to keep them safe. People told us visiting professional's came to see them and the chiropodist visited to tend to their nails. One person told us, "I get treated well, all my meals are bought to me, I like egg on toast and they make it especially for me." Another told us, "I have everything I need and if I haven't got it the staff will see to it for me."

We found dedicated staff knew people in the home well. Staff were well supported by their peers and management. Staff sought support as required to ensure people's needs were effectively met.

Staff received appropriate induction and training for their role and were supported with regular supervision. However, we found supervisions had a tendency to focus on the improvements required within the home and could have been a better tool for acknowledging the individual staff strengths.

However, we saw in one file that a staff member had been in post for nearly a month and their induction had not been completed. We also spoke with one staff member working on the dementia unit who had not received any training in the Mental Capacity Act or dementia.

We recommend the provider ensures relevant training and induction is provided in a timely way for those that need it. The use of a training needs analysis tool could be implemented and staff that required additional training may be suitably mentored until it becomes available.

We found the different teams within the home had good team meetings and the minutes were available for those who could not attend. Staff told us they could influence the agenda of these meetings and felt confident to raise concerns. Staff also received annual appraisals. Each shift received good handover from the last identifying any support needs that required addressing. When staff received appropriate required support, training and supervision it better equips them to undertake their role confidently and to better meet the needs of the people living in the home.

We looked in people's care records to ascertain if formal consent had been acquired from the people in the home. We found standard consents for the receipt of care and treatment, medication, use of photography and sharing of relevant information. When observing staff and people in the home we routinely saw staff asking for people's consent before delivery of care and any intervention. At the last inspection the evidence to show people gave formal and informal consent was not routinely available. This was specifically evident when people lacked the capacity to give consent themselves.

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. The application procedures for this in care homes and hospitals are 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 were being met.

At this inspection we saw the provider had carried out appropriate assessment of people's capacity to determine if they could make specific decisions. Assessments were based on specifics and where necessary specific best interest decisions were made and recorded. Decisions were person centred and included any detail on restrictive practice. We did note however that best interest decisions around the use of bedrails were not signed by all the parties involved in the decision. The manager and quality lead had also identified this and were taking action to update the paperwork.

We noted some consent forms were signed by the person's family member even though the person themselves had been assessed as being able to make the decision themselves. We discussed this with the manager and were told the family signed regularly on some people's behalf as they could no longer write very well.

We recommend that an agreement to support family members signing in consent on behalf of their family who have capacity but cannot sign in agreement themselves is formally documented, witnessed and verified by staff.

Staff knowledge on the MCA had much improved and we saw useful posters up around the home and pocket cards for staff to reaffirm decisions and actions the staff took were in line with the Act.

The home were no longer in breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The food prepared at the home was praised by people we spoke with. We saw the meal time experience was a pleasant one and tables were set. This included table cloths, a copy of the day's menu and condiments where appropriate.

People's dietary needs were assessed and where there were risks identified steps were taken to monitor people's food and fluid intake. This was to reduce the risk of malnutrition and dehydration. We saw people's weights were taken to the kitchen on a monthly basis and the chef was able to tell us who was in receipt of additional support either through weight loss, specific swallowing needs, digestion needs or other dietary requirements. This information was clearly recorded on the kitchen white board. We did note on the day of the inspection that a number of people had lost weight in the last couple of weeks which the kitchen were not aware of and we were assured a communication system would be developed whereas the kitchen would be made aware of weight loss as soon as it was known. This would enable the kitchen to provide support immediately it was required.

The kitchen staff were aware of people's allergies and likes and dislikes. We saw one person was known by one name and their dietary information was recorded in another. We discussed this with staff and the manager who were keen to ensure all staff knew who the records referred to. This was rectified immediately following the inspection. One person had a specific cultural diet which they wanted some more support with. Again we were assured that the person would receive the support they required to ensure their needs were met.

We saw each person in the home had a specific nutritional care plan and associated MUSTs (Malnutrition Universal Screening Tool) were completed. We also saw each person had a choking risk assessment to determine if additional support was required in this area. Where the assessment identified a risk we saw people were referred to the Speech and Language Team (SALT) to ensure any additional support was acquired.

We observed the lunch time routine on each unit across the home and saw staff supporting people with their meals. We found on the whole the support was specific to people's needs and encouragement was also offered as required. However we did note that some people would have benefited from the use of adaptive cutlery and plate guards. This was also noted at the last inspection in February 2016. People had to wait to receive the support of staff to cut their food up or support them with picking their food up who may have been able to better cope independently with appropriate support aids.

We recommend a review of people's needs in respect of using aids to support people with independently eating their meals is undertaken and specialist support is acquired. This would enable people to both, remain as independent as possible at meal times but also enable them to eat their meal whilst it is still hot or warm. We found some people were getting the additional support they required without adaptive cutlery nearly ten minutes after their meal had been given to them.

We saw from people's records that referrals were made for specialist support as required. This included referrals to the SALT team and the Tissue viability Nurse (TVN) We also noted the involvement of the dietician, physiotherapy team and district nurses.

The home had routine and regular appointments organised for people with their basic health care needs including a visiting optician who also tested people's hearing and the chiropodist who tended to people's feet.

We spoke at length to Care Home Select. Care Home Select are an organisation that support families with placements at care homes. They gave us some excellent feedback on the provision within the home. It was acknowledged that there had been a dip in the quality of provision at the home 12 months ago but they felt it had much improved. Comments included, "Staff are some of the best in the area." And "They act quickly, and will refuse people if they don't think they can meet their needs, if people's needs cannot be met by the home we get a full breakdown as to the reasons why which helps us find a more suitable placement." The team also gave us some feedback they had received from families which included, "Feedback from families has been very good." And "The team at the home are absolutely brilliant."

At the last inspection in February 2016 we found the home in breach of the regulation associated with the design of the environment for the people who live in the home. We had specific and detailed concerns for the dementia unit, Fernyhalgh. It is clear that since the last inspection there has been considerable investment into the environment and the unit was predominantly calm on the day of the inspection. We noted memory boxes had been fitted outside each person's room and this would support people in finding their own bedroom. Rummage boxes had been developed but on the day of the inspection these were in the small lounge and not accessible to people on the unit. The colour scheme in the unit had been developed and orientation of the unit had improved. A programme of works was in place to continue the refurbishment which included the work required to the bathrooms and communal toilets.

We recommend the rummage boxes are available and there is meaningful activity organised every day that everyone on the unit can choose to partake in.

The main body of the building had not changed. We found the home was still difficult to navigate and whilst

signage had increased slightly there was not any evidence of the anticipated signage audit or the review of the colour scheme for the rest of the home. We were told that the colour scheme had been discussed at a resident and relatives meeting and people liked the current colour scheme as it helped the home feel clean. However this is not beneficial to those trying to navigate the home and its numerous corridors. We discussed this with the manager who advised us they would complete a comprehensive colour and signage audit with the intention of making the home easier to navigate.

We recommend the Kings fund enhancing a healing environment dementia friendly care homes audit is completed. This will support the provider to invest in appropriate and specific refurbishment and redecoration.

The home was no longer in breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The rating for this key question has changed from requires improvement to good.

Is the service caring?

Our findings

We asked people living in the home and their relatives their thoughts on the staff and how they or their loved one were treated. People we spoke with had nothing but praise for the current staff team. There was some acknowledgement that some staff that had not been performing to the required standard had moved on and the staff currently in post were very caring. People told us, "The staff are very kind," And "They are very respectful and some of the younger ones are really fun." We were told by one person, "I am so well looked after, and am really glad I came here." Another said, "Staff are really busy, but they don't just dress you and rush off they take time to talk, which is really important."

We found the atmosphere of the home was friendly and inviting. Staff were smiling and we saw good interactions between staff and the people who lived in the home.

On the day of the inspection we saw a visiting priest was in attendance. People who wanted to attend the service were supported to dress smartly for the occasion as if attending church. People we spoke with enjoyed the service and told us there were regular visits from different faith groups.

We observed the staff and people living on the dementia unit were making Easter cards and bunting for the Easter celebrations. Staff encouraged people to partake in the activity but were also allowing people to engage with the activity in their own time and pace. Staff supported people with different aspects of the activity dependant on their wishes and gained consent. This included painting, colouring and decorating the cards and bunting. Where people became agitated or despondent staff acted accordingly and supported people in their distraction if this was appropriate. For example one person was smiling whilst decorating a card but then immediately got up in search of another person from the unit. Staff didn't attempt to re-engage them with the task and told them where to find the other person. It was good to see staff living in the moment with the people on Fernyhalgh. This showed a better understanding of the needs of the people living with dementia than observed at the last inspection.

When looking in people's care files we saw very detailed life stories and family trees one we saw included five generations. Information was person centred and we saw aspects of the detail incorporated into care plans including preferences over diet and social activities. The life history told a story of both past and present circumstances and life events. A timeline from one to the other could be seen, giving a valuable insight into the person's life history. This included one person who had a fall at home which had led to a hospital stay and then admittance to the care home. The life story detailed the person's thoughts and understanding of their situation.

People we spoke with told us they were involved with their care plans or those of their relatives. We saw signatures in agreement to their content. We were also told there were regular resident and relative meetings where people could raise concerns and request changes to the menu. People and their relatives told us they felt listened to and that if they requested anything specific about their care then it would be acted upon. However we spoke with one person who needed more support in general with her emotional and mental wellbeing. We discussed the support provided by the home and by visitors. The person did not

have any family and would have clearly benefited from an advocate to support her with the complexities of her daily life. We recommend the provider ensures that people living in the home are aware advocacy services are available to them if they require them.

We were told the key worker system was being reintroduced and on the residential unit we were shown a folder which supported keyworkers with their role. It included tasks to be completed and recorded contacts and the wishes of the people they were supporting. Tasks included ensuring people had all the toiletries they needed and their bedroom drawers were in order so people could find things when they were looking for them. This system was just being implemented and most people we spoke with did not know who their keyworker was. We discussed this with the manager and quality manager who assured us the system would be effectively relaunched.

People predominantly told us they could get up when they wanted and do what they wanted whilst in the home. When we asked people what they liked best, four people told us it was the freedom to do what they want. We observed people were asked their views and were given choices throughout the day. We were also told that people on the residential unit had begun to get involved with interviews for new staff. We spoke with one person who had been involved with this and they were very proud to be involved and felt their opinion was valued. This showed us the home was taking into consideration the peoples' views who lived in the home and allowed them to be more in control of their life's and who was recruited to care for them.

At the last inspection we found the home in breach of the regulation associated with dignity and respect. Staff lacked knowledge in this area and whilst potentially unintentional people in the home were frustrated with how they were treated. At this inspection we saw what can only be described as a different home environment. People knocked on doors and waited for an answer before entering or opened the door a small way to ensure the person was dignified. We saw one occasion when one person had begun to undress themselves with the door open and immediately we pointed this out to staff they asked the resident before pulling their bedroom door closed.

We saw interactions were always positive and included respectful banter and laughter. People told us they appreciated the staff and all of the staff treated them well. People told us the staff supported them with hospital appointments and reminded them of key occasions including birthdays. People told us it helped them to be less anxious and enjoy their days.

One person told us they woke one night to find someone in their room cleaning down the furniture. We discussed this with the manager who assured us this would not happen again and rooms would only be cleaned when the occupier's consent could be given.

We reviewed four people's care plans that required glasses or hearing aids to support their communication and found they all had access to their support aids.

The home was no longer in breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People in the home were smart and all well presented. We saw when people had accidents staff supported them in a dignified manner to get changed. The hairdresser visited and the people we spoke with who used the service enjoyed it.

Visitors we spoke with told us they could visit whenever they wanted and they were always made to feel welcome. We were told they were offered drinks and meals if they were on site at these times.

The rating for this key question has changed from requires improvement to good.

Is the service responsive?

Our findings

We asked people if they felt the home and the staff were responsive to their needs and acknowledged how they liked to be cared for. One person told us, "I like a daily shower and I get it, the staff know I have dry skin on my legs and make sure I'm creamed up." Another told us, "I'm involved in reviews and can say what I like, they take it on board and make the changes I want."

Each person living in the home had a number of care plans associated with their social needs. This included a working and playing care plan, which whilst could maybe be better named included details of people's previous work involvement to help support meaningful occupation. The plan also included people's likes and dislikes to enable activities to be made available to them to ensure they did not become socially isolated.

Over the course of the inspection we saw people involved in everyday tasks including laying the table and folding linen. We observed people from all the units involved with various appropriate activities including a church service, bingo, skittles and Easter decorations. We also saw one to one activities taking place including visits to the hair salon and manicures for the ladies. We recommend that activities and items of interest people could engage with independently were more readily available including puzzles, books and interactive games or items. This was required specifically on Fernyhalgh the unit where people living with dementia were supported.

We saw care plans entitled 'maintaining personal relationships' and found these addressed people's family and friendships. In the care plans we reviewed we saw one person had their spouse also living at the home on a different unit. Time was taken each week to ensure the two got to spend time together.

We looked in 21 care files and tracked the support people needed and received. This included support with their dietary needs, moving and handling and personnel care and support with clinical needs including medication needs and support with PEG (Percutaneous endoscopic gastrostomy) tubes to support people with receiving nutrition and medication directly into their stomach. We looked at the equipment the home used to support people with their individual needs and found the home had all the equipment indicated within people's plans of care to support them. This included profile beds and pressure mattresses to support people with pressure relief, stand aids and hoists to support people with their mobility and sensor mats to alert staff when certain people had moved from their bed or bedroom that may require the support of staff.

We saw increased monitoring of people's food and fluid to reduce the risk of malnutrition and dehydration. We also saw plans in place to support people with their PEG including details of regular flushes to ensure the tube remained clear.

We found that care plans and assessments were mostly updated monthly and also saw that they were updated when people's needs increased. There were some occasions when they did not occur and risks to people increased, this has been reviewed under the 'safe' key question of this report.

We saw two care plans where specific requests had been made to someone's diet that had not been followed and we found some of the information contradictory. For example one person had been assessed as requiring small regular portions of food to support them with enjoying their meal. We saw them receive a large portion of food at one meal time and they did not eat much of it. We discussed this with the manager who explained a new staff member was serving the food that day and they would ensure they were updated as to how this person liked to have their meal presented to them.

We noted some referrals to specialist's teams had not been followed up and care plans did not record the outcome of the referral. This included mental health assessments and assessments of one person's diet. We recommend the provider reviews this information and updates the plans of care accordingly. We did see that the changes had been implemented including notice to the kitchen of the change in diet.

Staff we spoke with told us the care plans had much improved and they could easily find information within them. It was clear the staff knew people in the home well.

We saw some care plans that needed updating to contain the current information and senior staff were aware of this. We recommended that emphasis was put on the care plans to support people with their mouth care to ensure the plans are person centred. We also discussed sexuality and the lack of available information to support people in the home. We were assured that the priority group were looking at this and a plan of care was to be introduced.

Through the course of the inspection we heard buzzers sound when people required assistance and saw that staff responded quickly to these. At the inspection in February 2016 buzzers were regularly sounding throughout the day. We found at this inspection that people were not regularly calling for assistance. This showed us that people's individual needs were being met in a routine and timely manner.

Everyone we spoke with except one told us they could have a bath or shower when they wanted and we saw from records people had them up to three times a week.

The home had suggestion boxes in the foyer of the home and we saw suggestions from resident and relative meetings were implemented including the purchase of a minibus for regular outings from the home.

We reviewed the information held by the home on complaints made by people in the home and their relatives. We saw the policy and procedure was followed and a system was in place to accept, review, and respond and action complaints.

At the last inspection the home were in breach of this regulation as all complaints were not recorded in line with their own procedure. We saw that at this inspection there was now a record of both verbal and written complaints. We saw that they were thoroughly investigated and where appropriate changes were made to procedures. We found the home were no longer in breach of Regulation 16 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The rating for this key question has changed from requires improvement to good.

Is the service well-led?

Our findings

People we spoke with in the home knew who the unit lead was and who the manager was. People told us they knew the home had improved in the last 12 months. One person told us, "Yes I know who both the manager is and their boss, we had some problems about 12 months ago and we had a meeting. It went well and things have much improved." Another person told us, "Overall everything is pretty lovely." And a visitor told us, "It's a wonderful place from our point of view."

The home did not have a current registered manager and over the previous 12 months had three different people acting into this post. The registered manager at the time of the last inspection was due to start the Monday after the inspection and we were told they would reregister with the commission.

The regional team of the priory group were going through a re-structure at the time of the inspection and a regional quality director role was being developed. We also found that communication and support from senior leadership had much improved. This was evident in the staff at all levels of the home feeling more supported in their role.

Staff all told us the home had much improved. A number of staff had been moved on and those that remained said everyone worked well together. The inconsistent management at the home had not had a negative impact on morale as a constant quality manager had overseen the role after undertaking the role for a period of time.

Visiting professionals gave us a similar picture of improvement in the home. All acknowledged the staff team were very helpful and supported them to complete any assessments required and alerted them to concerns as required. One GP told us, "This is a very good home. I go to four or five and this is the best one."

Staff told us the manager of the home was visible and people we spoke with knew who the manager was. We were told that all the managers on site were visible on the units of the home. We saw on the days of the inspection the managers walking around and talking with people in the home and staff. Communication was open and friendly and people were confident in approaching them.

The provider had a comprehensive set of policies and procedures which we saw were mostly reviewed annually. Staff were aware of the procedures of the home and implemented them. We saw health and safety risk assessments had been revisited and made specific to the home. This included the handy man having a dedicated mobile workstation which held all the tools securely when not in use. We saw the work station and noted it was secure and safe.

The home had a dedicated set of audits and monitoring tools used monthly, quarterly and annually. We found some audits were a month behind and this was acknowledged by the acting manager. There were header sheets for the care plans and recruitment files which included detail of the content within them. The home's procedure was to audit each new occupant or staff file within a month of joining the home as either a staff member or resident on any of the units. This would allow the manager to ensure that initial checks

and assessments had been completed.

Different areas of the home had cleaning schedules including the bedrooms, satellite kitchens and bathrooms. These were completed monthly on the daily checklists completed by domestic staff.

We saw when audits identified areas of concern or missed information that this was picked up by the homes staff and implemented. The food was delivered from the kitchen to each unit by a warming trolley. Food was then served by care staff in each of the dining areas. We saw that one of the dining room audits identified that the temperatures of food was not being taken on each unit prior to the food being served. We looked at this on the day of the inspection and saw this had been rectified.

When works or actions were completed we saw they were signed off on the original action plan. This helped senior staff monitor the effectiveness of the audits and ensure the appropriate action was taken when concerns were identified.

Care plan audits included detail of what should be completed within the plan in the first six hours, 24 hours and in the first 72 hours. These were completed for all people in the home not just new admissions. This allowed the home to retrospectively see all information was made available upon which the current assessments were developed.

We saw checklists of maintenance works completed and professional testing of equipment following identified actions and health and safety audits. However as noted within the safe key questions some of this work was delayed awaiting confirmation from the works department and the electrical installations testing could not be evidenced as being to a satisfactory standard for some time. The gas safety certificate required replacing as had expired.

We saw all key functions of the home were monitored and audited including the medication, environment, infection control, laundry and kitchen. We also saw that the satisfaction of the people in the home was accounted for within the audits including the dining experience audit which took account of the mood in the room during the lunch period. The audit acknowledged the availability of staff to support people and the accessibility of equipment available to support people to have a positive dining experience.

Staff on the units completed audits, as did the manager and clinical lead. The regional team completed quarterly audits which included talking to staff and the people who lived in the home to confirm the findings of both the staff and management audits. They also completed a review of various pieces of documentation including the recording of accidents and incidents and completed a risk review of their findings. A home wide action plan was kept and updated by all the relevant teams.

We found some of the audits did not pick up the findings of the inspection and we recommended further monitoring was undertaken on the PEEPs (Personal Emergency Evacuation Plans) to ensure the high level detail was the same as that included within people's individual files. A review of the falls information was completed to ensure appropriate action was taken including referral to the CQC and where applicable to the safeguarding team and referral to the falls team. A review of the procedures around evacuation to ensure the current plan was possible to implement and if not to further develop the plan. We have also recommended the risk assessment around one person smoking is reviewed and best practice guidance is followed. We have insisted the works required to gain a satisfactory electrical installation certificate is completed as urgency and the certificate is forwarded to us once it is provided.

The home had an improvement plan for the environment, which include the development of under used

spaces within the home. There was one room in the home that three different people told us was to be used differently.

We recommend the improvement plan was shared with staff so consistent messages were shared and there is no ambiguity around development plans. This would also ensure that groups were not disappointed. We were assured that before any final decisions were made surveys would be distributed to all residents and relatives to agree the final plans.

We saw the home had a package of information on the home provided to each person as they moved into the home. This included details of the staff and how to complain. We saw weekly activity timetables were delivered to people in their rooms and people each received copies of the resident and relatives meetings. There were a number of notice boards around the home which each contained information of up and coming events including the Easter celebrations and the arrival of the new minibus.

The home completed surveys with people in the home and their relatives to gather their views and perception of the service they received. We looked at over 10 of these and the responses were all positive. We saw a number of thank you cards and words of gratitude displayed on the notice board and kept by the staff on the units.

At the last inspection in February 2016 we found the home in breach of the regulation associated with quality monitoring and audit. We found the home was no longer in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We saw the home had systems to gather feedback from residents and relatives but a staff survey had not been completed for some time.

We recommend a staff survey is completed to allow the provider to ensure that areas of concern for the staff in the home can be shared and where appropriate addressed.

This key question remains rated as requires improvement, whilst the majority of breaches have now been met we have made a number of recommendations to ensure the service remains on track to further improve and sustain and embed those improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Regulation 12 1 2 (a) (b) (d)
Treatment of disease, disorder or injury	Risks were not always identified and assessed. This did not allow the provider to develop plans to mitigate risks to service users. The premises required satisfactory professional testing of the gas and electric installations. The safe evacuation of service users in the event of an emergency required further consideration.