

HC-One Oval Limited

# Priory Mews Care Home

## Inspection report

Watling Street  
Dartford  
Kent  
DA2 6EG

Tel: 01322292514

Date of inspection visit:  
25 November 2020  
01 December 2020

Date of publication:  
26 January 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Priory Mews Care Home is registered to provide support to up to 156 people. At the time of the inspection there were 103 people living in the service. Priory Mews is arranged across five separate buildings, called communities. Cressenor has capacity for 42 people and provides residential care for people living with dementia. Mountenay and Marchall have capacity for 30 and 23 people respectively and provide nursing care for people living with dementia. Beaumont and Berkeley have capacity for 30 and 15 people respectively and provide nursing care for older people. A separate building houses the management and administration offices, kitchen, reception and training facilities.

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

People told us they felt safe in the service. One relative said, "Yes I feel she is very safe; her hand is the main concern at the moment, they are dealing with that well and they are keeping me updated with the progress". People were safeguarded from the risk of abuse and received safe care and treatment. There were enough staff to meet peoples' needs. Medicines were managed in line with national guidance. Lessons were learned when things went wrong.

People and their relatives were involved in decisions about their care and they received care which promoted their dignity and independence. One relative said, "They always ring me, with his medication I am always consulted".

Quality assurance processes were in place to monitor the service. The managers promoted an open-door policy and staff told us that they felt listened to and were confident that action would be taken if they raised concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 30 April 2020) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection on this service on 25 and 26 February 2020. Breaches of regulation 10, 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

### Is the service caring?

Good ●

The service was caring.

### Is the service well-led?

Good ●

The service was well-led.

# Priory Mews Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Priory Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

We visited the location on 26 November and 1 December 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection including submitted action plans. We received feedback from the local authority and professionals who work with the service. The local authority had concerns about staffing levels. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 13 members of staff including the registered manager, deputy manager, area director, clinical services manager, unit manager, two nurses, three care workers, one wellbeing coordinator, one housekeeper and the maintenance manager.

We looked at ten peoples' risk assessments, care plans and care records. We also reviewed feedback from people living in the service and that of their relatives. We reviewed staff feedback. We looked at records relating to the management of medicines, health and safety, infection control and key policies and procedures. We reviewed four staff files in relation to recruitment and supervision. We reviewed the rotas for five communities and staff training records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, infection control audits and resident and family feedback. We spoke with two more care staff and three more relatives who gave us their views of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. This meant some aspects of the service were not always safe and there were limited assurances about safety. There was an increased risk that people could be harmed. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment for people. At this inspection this key question has now improved to good. This meant that people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that staff knew what actions to take to mitigate identified risks so that people received care that was safe.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 12.

- At the last inspection the quality and detail in risk assessments was inconsistent and there was a lack of detail which meant that staff didn't always know how to mitigate the risks and keep people safe. At this inspection the provider had introduced a robust system for updating and monitoring care plans and risk assessments. There were specific care plan audits in place to support this.
- Care plans and risk assessments were comprehensive and up to date. Staff told us that they knew where to find the care plans and risk assessments and that changes were communicated regularly at handover meetings. Records of handover meetings supported this. One relative told us, "The staff know her really well".
- Environmental health and safety checks were in place. Hot water was temperature controlled. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely. The home was equipped with fire safety system which was regularly checked. Staff had been given guidance on fire safety and knew how to move people safely if the fire alarm sounded. This had been recently tested.

### Using medicines safely

At the last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were significant inconsistencies across the communities regarding the safety of medicines management systems. In some communities information about people's medicine was not clear.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 12.

- Medicines had been administered as prescribed and records were clear and accurate. The provider had changed their pharmacy supplier which has improved the service and ensured that people had the

medicines they needed. Medicines were securely stored in clean, temperature-controlled conditions and unused medicines were disposed of correctly.

- Medicines were administered by nurses or by nursing assistants. Nursing assistants had received additional training in medicines management and competency records were completed and up to date. Staff who administered medicines told us they were confident and competent in this area.
- There were clear protocols in place for 'as required' medication, for example pain relief and nurses completed an evaluation to check that the medicine had the desired effect. Medicines were reviewed regularly by the GP.
- The management of medicines was audited monthly by unit managers and action plans put in place if necessary. Audits were reviewed by the Clinical Service Manager. If a medication error occurred, this was documented, investigated and lessons learned shared with all staff to minimise the risk of recurrence.

### Staffing and recruitment

At the last inspection there was a breach of Regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not always deployed in a way that ensured people's needs were met. The provider completed an action plan after the last inspection to show us what they would do and by when to improve staffing.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18(1).

- People's dependency levels were assessed when they moved in and again each month which enabled each unit manager to calculate their staffing needs. We saw that staffing levels matched the outcome of the dependency tool. Call bell audits were undertaken by unit managers with any call bell response over six minutes escalated to the registered manager for investigation.
- People were being supported with personal care needs and helped to eat their meals. We saw that call bells were responded to promptly. One relative said, "Yes, there appears to be enough staff". Most staff thought that staffing levels were alright. One said, "Yes at the moment we have time to do what we need to", and another said, "Most of the time there are enough". Some staff told us that staffing levels can fluctuate from day to day and can depend on emergencies.
- People were supported by staff who were suitable to work in a care setting. Records were maintained to show that checks had been made on qualifications, employment history, references and Disclosure and Barring (DBS) records. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services. The provider has added a people officer role to the staff team to support managers with staffing issues and recruitment.

### Systems and processes to safeguard people from the risk of abuse

- There was information on display throughout the service to inform staff how to raise concerns and escalate them if they did not feel they had been taken seriously.
- Staff were knowledgeable about safeguarding adults and knew how to identify and respond to allegations of abuse. Staff were confident about reporting issues and thought they would be dealt with. One member of staff said, "Yes, things get followed up", and another said, "Yes it would get dealt with if I raised something".
- Records showed that staff recorded and reported allegations of abuse to the appropriate safeguarding authorities. Safeguarding records were completed and showed that staff cooperated with investigations. Outcomes were fully documented and included lessons learned, which was shared with all staff groups.
- People told us they felt safe at Priory Mews. Relatives said that their loved ones felt very safe. One relative said, "Moving in to Priory Mews was the best thing to happen to her". Another relative told us they were confident that action would be taken if something went wrong.



### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded appropriately and staff supported people after incidents to ensure their wellbeing. Where necessary additional support from other professionals was sought, for example a doctor or ambulance service.
- Investigation records were thorough and included any action plans and the sharing of lessons learned. A root cause analysis was undertaken for any serious incidents that occurred.
- Monthly analysis of accidents, incidents and key clinical indicators, for example weight loss or infections, was carried out to identify trends and reduce risk of recurrence, for example trends in falls or pressure ulcers.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection there was a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always treated with dignity and staff did not take action to ensure peoples' dignity was maintained.

At this inspection enough improvement had been made and the registered provider was no longer in breach of regulation 10. We saw that peoples' dignity was maintained, and when people compromised their own dignity, we saw that staff took appropriate action, for example ensuring they were covered appropriately.

- Peoples' right to privacy was respected and promoted. Staff recognised the importance of not intruding into people's private space. One person said, "There is an opportunity to be social or to be left alone and private. I'm glad of that." Doors to peoples' rooms were kept closed when they were receiving personal care. Communal bathrooms and toilets had working locks.
- Private information was stored securely; staff had received training in data protection and confidentiality and records were kept in locked rooms when not in use. Electronic records were password protected and could only be accessed by authorised staff.

Ensuring people are well treated and supported; respecting equality and diversity

- Records showed assessments considered peoples' protected characteristics. Since the COVID-19 pandemic visiting faith representatives have been limited but these were happening until the pandemic. The manager told us they had plans in place to encourage more faith leaders to visit when they were able, for example, from the Sikh community.
- We saw that people were treated kindly and with respect and received care in accordance with their wishes. A relative said, "The staff at Priory Mews are so very kind and caring". Another one said the staff were very caring; nice girls and gents. "They ring me to tell me that my Mum is the lady of the day which is really nice".

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

- People and their relatives were involved in decisions about their care and they received care which promoted their dignity and independence. Care plans detailed peoples' preferences, for example whether they wanted their door open or closed. We saw menu plans with alternative options on offer which encouraged people to have choices.
- Relatives told us they were involved in writing and reviewing care and making day to day decisions, and

consent to care had been recorded. One relative said, "Yes I am involved in her care plan." And another said, "They always ring me at least once a month". Arrangements had been made to help people keep in touch with relatives during the COVID-19 pandemic and managers adhered to national guidance on visiting arrangements.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and the provider demonstrated a clear commitment to continuous improvement. The manager told us and staff confirmed that there was an open-door culture and staff felt confident approaching the managers. A recent staff survey showed that over 86% of staff had confidence in the leadership of the home manager. A member of staff told us, "Yes, we get an opportunity to air our views."
- Staff told us and records confirmed that supervisions took place regularly. Staff told us they felt supported and that they were treated fairly. Staff were encouraged to contribute to decisions about the service and could offer suggestions.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. This is so we can check that appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The registered manager understood their responsibilities.
- Relatives told us and records confirmed that staff were in regular contact with them and informed them of accidents or incidents involving their family members.

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

- Quality checks were in place which were monitored and evaluated by the provider. The provider had a home improvement plan and quality audits were undertaken and reviewed by senior managers regularly. The registered manager told us and records confirmed that regular meetings took place where quality and clinical indicators were discussed.
- There was a clear management structure in place and nurses and care staff understood their responsibilities to meet regulatory requirements. They had access to policies and procedures to help them consistently provide people with the right assistance. Staff told us managers were very supportive. Relatives told us they thought the home was managed well. One relative said, "The manager was very patient with my repeated demands".

- Daily meetings took place with a representative from all departments and managers to ensure that key information about people's safety and messages were shared in a timely way. Meetings were accurately documented. Unit managers met with their staff to share the key information with them. Daily handover meetings were held to ensure that staff on duty had up to date information about the people they were supporting.

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

- There were systems in place to engage with people, their relatives and staff in the development of the service. We saw that before the COVID-19 pandemic meetings had taken place with relatives and the manager offered varying days and times to ensure people had an opportunity to attend.
- There were regular staff meetings within each community and for all staff teams and adaptations had been made to support these during the COVID-19 pandemic. These were used to ensure staff were up to date with developments in the home and any changes to the provider's policies and procedures.
- The provider also conducted surveys of people and relatives to ensure they sought feedback from people who could not attend meetings in person. Actions had been taken in response to feedback received from people.

Continuous learning and improving care

- There were systems in place to support managers to work towards continuous improvement. Information and feedback was gathered from people who use the service, their relatives, staff and other professionals who work with the service. For example, local authorities and primary healthcare teams.

Working in partnership with others

- The service worked effectively with other health and social care professionals to ensure that people had access to the right care and support.
- The manager was working towards more community presence in the home prior to the COVID-19 outbreak. This work was temporarily on hold.
- There are weekly calls with local authority partners and weekly GP virtual reviews in each community.