

# Tri-Care Limited

# Priestley

## Inspection report

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Date of inspection visit:  
18 October 2017  
30 October 2017

Date of publication:  
11 December 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection of Priestley took place on 18 and 30 October 2017. We previously inspected the service on 31 May 2016; we rated the service Requires Improvement. We found the registered provider was not meeting the regulation relating to the management of people's medicines and staffing. Following the inspection the registered provider submitted an action plan detailing how they would make the necessary improvements. On this visit we checked to see if improvements had been made.

Priestley is a 'care home'. People in care homes receive accommodation and 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. Priestley is registered to provide accommodation for up to forty people who require residential care. The home is purpose built and has a ground and first floor. There are bedrooms and a communal lounge and dining area on both floors. There were 40 people living at the home at the time of our inspection.

The service had a registered manager in place. 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.

People told us they felt safe, although we found one person's moving and handling information was not reflective of their current needs and there was no record kept to ensure staff were aware of the correct settings for people's pressure mattresses. There was a system in place to ensure the premises and equipment was serviced and maintained to reduce the risk of harm to people and staff.

There were sufficient numbers of staff to meet people's needs. The procedure for recruiting staff reduced the risk of employing a member of staff who may not be suitable to work with vulnerable people.

Some aspects of medicines management needed further improvement. For example; one person had not been receiving their nutritional supplements, the location of pain relief patches were not consistently recorded on a body map and not all 'as required' or variable dose medicines had a protocol in place to ensure safe and consistent administration. We have made a recommendation about the management of some medicines.

A programme of induction and shadowing was in place to support new staff. All staff received regular updates to their training and supervision throughout the year from a more senior colleague.

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

People made positive comments about the meals. We saw people were provided with a choice of drinks,

snacks and meals throughout the day. The meal time experience was calm and relaxed. However, one person was not receiving the food texture as recommended by a speech therapist and no further assessment had been requested. However, we spoke with a visiting GP who was highly complementary about the home and staff.

People told us staff were caring. Throughout the inspection we observed staff to be kind, attentive but professional. People's care was delivered in a manner which respected their right to privacy, maintained their dignity and was centred around their individual preferences.

There was a range of activities for people to participate in, including trips out. Feedback regarding this was positive. Care plans were person centred and people and comments from a recent satisfaction survey showed people felt involved in their care plans.

Where a complaint had been received, we saw the registered manager had investigated the issues raised and responded to the complainant with their findings.

Staff and people who lived at the home spoke positively about the management of the home. There was a system of audits in place, completed internally and by senior managers, to ensure the quality of the service people received was continually monitored. Although the governance system had not identified the issues we raised while we were completing our inspection. Regular feedback was gained from staff and people who lived at the home.

## 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** 

The service was not consistently safe.

Records relating to the management of risk did not always include sufficient detail.

The management of people's medicines was not always robust.

Staff were recruited safely and there were sufficient numbers of staff to meet people's needs in a timely manner.

### Is the service effective?

**Good** 

The service was effective.

Staff received on-going training and supervision.

The registered manager and the staff we spoke with demonstrated an understanding of the Mental capacity Act 2005.

People received the input of external healthcare professionals.

### Is the service caring?

**Good** 

The service was caring.

People told us staff were caring and kind.

Care was centred on individual's needs and preferences.

People's privacy and dignity was respected.

### Is the service responsive?

**Good** 

The service was responsive.

There were a range of activities provided for people to participate in.

Care plans provided details about people's individual needs.

There was a system in place to manage complaints.

## Is the service well-led?

The service was not always well led.

There was an experienced registered manager in post.

The systems of governance and audits had not identified the issues we raised during our inspection.

Regular meetings were held with staff and people who lived at the home.

**Requires Improvement** 

# Priestley

## 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 18 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this occasion had experience of working in a health and social care setting. Two inspectors also visited the home again on 30 October 2017. This visit was announced and was to ensure the manager would be available to meet with us.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire and police service, environmental health, the Clinical Commissioning Group, and Healthwatch to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was used to help inform our inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. We spoke with eleven people who were living in the home, five relatives and an external healthcare professional. We also spoke with the head of regional operations, the registered manager, two deputy managers, four senior care staff, three care staff and a member of the catering and domestic team. The registered manager was not present on the first day of our inspection. Therefore the registered manager from another of the registered provider's care homes attended the home to support the staff with the

inspection process. During our inspection we reviewed three staff recruitment files, five people's care records and a variety of documents which related to the management and governance of the home.

# Is the service safe?

## Our findings

People told us they felt safe. When we asked one person if they felt safe, they said, "Yes, very much they are kind and good. You can trust them, all of them." Another person said, "I am very happy and feel very safe because there is staff around all of the time." A relative said, "Best thing we ever did for (name of person) was to bring her to this home."

Staff we spoke with were able to identify abuse and were aware of their responsibility to report this. They told us the management team took safeguarding concerns seriously and they knew how to report abuse to external agencies. One staff member told us, "I'd report and record." We asked one staff member about their understanding of whistleblowing and they told us, "If you see something you don't feel is right, you tell the manager and report it. We can go to (name of head of regional operations) if I needed to." A whistle blower is someone directly employed by the registered provider, or someone providing a service for the registered provider, who reports concerns where there is harm, or the risk of harm, to people. This demonstrated staff were aware of their responsibilities in keeping people safe.

Each of the care plans we reviewed contained a variety of risk assessments, including falls, bedrails, skin integrity and malnutrition. We saw these were reviewed and updated at regular intervals and recorded the level of risk for each individual. Where people required the use of a hoist, they had a generic risk assessment in place regarding their safe use. In one of the care plans we reviewed we found the moving and handling information was consistent throughout the care plan and included details of the hoist and sling to be used, although details as to which loops staff were to use were not recorded. We saw staff using the hoist to transfer this person, when we asked the staff member how they knew which loops to use they told us "You just know." We explored the rationale regarding their choice of loops and it was clear they chose the loops with the aim of reducing the risk of harm to the person being hoisted. However, recording this information ensures all staff are aware of the correct loops to use.

In a second care plan we reviewed we found conflicting moving and handling information. For example, their moving and handling care plan and risk assessment recorded 'unable to weight bear and requires two staff, hoist and small sling' but a member of staff told us they had transferred the person that morning using a stand aid. They explained when the person was not tired, they were able to use this piece of equipment safely. We spoke with the deputy manager regarding this matter and requested they review the documentation to ensure it accurately reflected the person's needs. Following the inspection the registered manager emailed a copy of the updated moving and handling information to us.

Where people were nursed on an alternating airwave pressure mattress there was no information recorded to inform staff which setting the mattress should be set to. We looked at the pressure mattress for one person and found it was set at 180kg. Their care plan recorded they weighed 52kg in October 2017 and was in 'static' mode. We brought this to the attention of a member of staff, they acknowledged this was incorrect and promptly re-set the mattress. It is important these mattresses are set correctly to ensure they provide effective pressure relief to people who may be at risk of developing pressure ulcers. We informed a deputy manager of our findings. When we returned to the home for the second day of our inspection the registered



manager told us this matter had been brought to the attention of all relevant staff. We saw evidence of this in the minutes of a staff meeting held on 27 October 2017 and when we reviewed a person's care plan we saw a document had been put in place to ensure staff were aware of the correct setting and to evidence this was being checked at regular intervals.

One of the care plans we reviewed recorded the instructions from a speech and language assessment (SALT), which noted 'fork mashable diet' however, we saw from the person's food records dated 10 to 16 October 2017 the person had eaten chips, sausage, biscuits and a packet of crisps. Staff told us since this assessment the general health of this person had improved and the person had capacity to make their own choices regarding what they wanted to eat. However, there was no evidence the SALT team had been consulted regarding this. We brought this to the attention of the deputy manager and the registered manager for one of the provider's other services. On the second day of the inspection the registered manager told us the SALT team were going to come and review the person's swallowing ability. They also showed us evidence of a discussion they had had with the person regarding the consistency of the food they were eating which clearly evidenced their preferences. Following the inspection the registered manager emailed a copy of the SALT team's assessment to us, this confirmed the person was safe to eat foods with a 'normal' consistency and included actions staff were to take with them to further reduce the risk of choking or aspiration. It is important to ensure eating and drinking assessments, records and risk assessments are accurate and current to reduce the risk of choking.

We saw evidence external contractors were used to service and maintain equipment, for example, gas appliances, electrical wiring and the fire system. We also evidenced the passenger lift and hoists had been serviced in line with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Electronic records evidenced regular internal checks were completed on a range of equipment including the fire alarm, water temperatures and the nurse call. This demonstrated there was a system in place to ensure the premises and equipment were suitably tested and maintained.

Staff we spoke with were aware of their responsibilities in the event of a fire. They were aware of personal emergency evacuation plans (PEEPS) which they knew to refer to in such an emergency. PEEPS we looked at described people's support needs including; the number of staff required to assist the person, mobility aids needed, whether the person had capacity and whether they had a 'Do Not Attempt Cardio Pulmonary Resuscitation' order in place. PEEPS were last updated in October 2017 which meant this information was up to date.

We looked at the recruitment process followed for three members of staff and found this was mostly safe. Staff members' identification had been verified and relevant background checks were made through references, although in one case, the second reference for a staff member was dated the day after they commenced their induction. Further checks to with the Disclosure and Barring Service had been completed beforehand which helped to ensure staff were suitable to provide care for vulnerable adults. The DBS is a national agency that holds information about criminal records.

At the last inspection on 31 May 2016 we found there were not have enough staff to meet people's needs effectively and promptly. We did not identify any concerns regarding staffing during this inspection. One person who lived at the home said, "If I press my buzzer the staff is around on the spot." A relative said they were satisfied there were enough staff to meet their family member's care needs.

Staff we spoke with told us staffing levels were sufficient to meet people's needs. On both days of our inspection we found staff had a visible presence throughout the home and where people used their buzzers to call for assistance, staff attended to their needs promptly.

In the reception area, a notice board displayed information about the staff who were on duty. This included their name, designation and a photograph. Staff told us this was updated daily and we saw the information on the notice board was reflective of the staff on duty on both days of our inspection. This enabled people who lived at the home and visitors to be able to clearly identify staff employed at the home and their role within the organisation.

At the last inspection on 31 May 2016 we identified some concerns with the management of people's medicines. At this inspection we also identified areas where further improvement was needed to ensure medicines management was robust.

We observed two senior care staff administer some people's medicines. This was done in a kind and caring manner, for example, we saw one of them ask a person if they wanted any pain relief. They explained what the medicine was for and the benefit of taking it. We also observed both staff check people's medicine records prior to administering their medicines to reduce the risk of an administration error. However, we noted one of the senior care staff did not wash their hands between administrations or wear any gloves. This meant there was a risk people's medicines may become contaminated.

We looked at the storage arrangements for medicines and saw they were securely stored and room and fridge temperatures were recorded. Staff were able to describe the process to follow to ensure medicines were safely returned to the pharmacy. We carried out a random stock check of people's medicines and found the stock tallied with the number of recorded administrations. However, we saw a number of nutritional supplements for one person were being kept in the medicines room but there was no evidence on their medicines administration record these were currently being administered. We brought this to the attention of a deputy manager, when we visited the home for the second day of the inspection, this had been rectified.

We looked at the administration of controlled drugs which are liable to misuse and found this process required improvement. Staff were required to record the positioning where patches (for pain relief) were placed on a person's body as the area they were applied to should vary at each administration. We saw limited evidence of this recording which meant staff could not be certain where the last patch was placed. We discussed this with the registered manager for one of the provider's other services and when we returned on 30 October 2017 we found the process had been fully implemented.

We looked at topical medication administration records for four people (ground floor) and saw this required improvement due to inconsistent records. For example, we saw an antiseptic soothing cream in a person's bedroom but there was no record available of when and where staff had applied it. Instructions to guide staff how often creams and lotions should be applied were not always in place. Where people were prescribed 'as required' (PRN) or variable dose medicines we found protocols were not always in place. Having a protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner.

We recommend that the service consider current guidance and take action to update their practice accordingly, in relation to the safe management and administration of medicines.

Following the first day of our inspection, we saw the registered manager held a meeting with staff to provide feedback and put in place a number of measures which meant appropriate action was taken. For example, all senior staff were scheduled to have a further supervision on the administration of medicines, recording of controlled drug patches, PRN protocols and topical cream applications were also covered to ensure these processes were improved.

# Is the service effective?

## Our findings

People who lived at the home and their relatives thought the staff had the knowledge and skills to meet their needs

Staff we spoke with were satisfied with the induction they received which included training and shadowing experienced workers. One staff member told us the registered manager asked them if they wanted to shadow further shifts before they started working on their own. This meant staff only started lone working when they were ready and helped to ensure people were not at risk of harm. We also saw evidence a new member of staff had completed the Care Certificate. This is an identified set of standards which aims to ensure that all workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This showed new staff were supported to develop into their role.

Staff told us they received regular training in a range of topics and included both online (E-learning) and face to face learning. One staff member told us, "If we miss it, they pick it up and say it needs doing." Another staff member said that as a result of the training they had completed; "I've become more confident and independent." The visit report completed by the Head of Regional Operations, dated 20 October 2017 recorded the home had 91% compliance with the training requirements set by the registered provider. Regular training helps to ensure staff have the appropriate knowledge and skills to perform their job roles.

Staff told us they received management supervision. One staff member told us, "We get them once every two months." We also saw evidence in staffs' files of the supervision they had received with a more senior member of staff. The manager told us staff should receive supervisions approximately every three months. We saw they had a matrix on the office wall which recorded when staff had received supervision and provided the registered manager with oversight of the staff team as a whole. This is important as the registered manager may delegate responsibility for some supervision to other senior staff.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

The registered manager told us they had submitted 14 DoLS applications. One had been approved, and there were no conditions attached. The remainder were still awaiting review by the local authority.

Staff we spoke with understood the principles of the MCA. One member of staff said, "We assume everyone has capacity." Another staff member said, "People have the right to make decisions; we give them choices, show them options and let them choose."

Each of the care plans we reviewed recorded people had the capacity to make day to day decisions. One person's care plan assessed the person as lacking capacity in regard to them being able to leave the home as they would not be able to maintain their own safety. We saw evidence a decision specific mental capacity assessment had been completed by the registered manager although there was no evidence of the best interests decision making process. Following this process demonstrates openness and ensures staff are acting in accordance with the legislation and associated Code of Practice. We brought this to the attention of the registered manager who assured us they would ensure this information was recorded.

Staff told us people were able to make day to day decisions about the care they received. For example, they asked people what they wanted to wear, eat, and bathing preferences. On the first day of our inspection a visiting health professional arrived to give people their flu vaccinations. We saw the deputy manager made people aware they could have this and asked people for their written consent where they were in agreement.

People told us the meals were good and they always had plenty to eat and drink and a good variety to choose from. One person said, "Food is plentiful and well cooked, and we have good choice." Another person commented, "We have plenty of drinks and snacks throughout the day."

On both days of our inspection we saw people were provided with regular refreshments and snacks. We observed as people were asked what they wanted to drink and whether they wanted a biscuit. This meant people's choices were not assumed by staff.

The dining tables were neatly presented and looked welcoming with tablecloths, flowers and napkins. We saw people were able to select from hot and cold breakfast options, there was a light lunch and a main meal served late afternoon. The daily menu was displayed in the dining rooms in both word and picture format. We observed the lunchtime experience in both dining rooms. Appropriate background music was playing which added to a pleasant atmosphere, staff asked people where they would like to sit and offered a choice of drinks before and during their meal. Staff engaged with people and we saw a member of the catering team come to the dining room during the mealtime and ask people if they were satisfied with their lunch.

At the time of our inspection, some people were having their food and fluid intake monitored due to them being at risk of weight loss. We saw fully completed records for these people which evidenced how much they had to eat to drink. This helped to ensure the risk of weight of loss was appropriately managed. We saw records in the kitchen contained information about specific dietary requirements. Five people living at Priestley were identified as being diabetic, although kitchen staff were unable to identify if this was controlled through their diet or by medication. Before the end of day one of our inspection, the kitchen staff had added this to their records.

Staff told us the home held a 'fine dining experience' each year. We saw photographs on display from the event held in 2016. Staff and the registered manager explained they invited the mayor and other people, such as GPs who were involved in the home, to a meal where everyone sat at the table together, including people who lived at the home and staff. The registered manager said, "It is just a lovely day, everyone joins in, it showcases the home and what we do." When we spoke to a visiting GP they also told us about this event saying they were attending the 2017 event scheduled for 31 October 2017.

Staff we spoke with told us they ensured people received timely access to healthcare and they worked with healthcare professionals, such as; GPs, chiropodists. A professional visitors survey carried out in 2017 asked 'Do staff provide you with sufficient information for you to deliver your service?' All professionals who responded selected 'yes'. One person told us, "Staff remind you about your appointments, they arrange some appointments. Vision care come and check our eyes every six months." We spoke with a visiting GP, they told us, "This is a very good home. They (the staff) deal with low level issues and they call me out appropriately. I know if they ring me or ask for a call or visit, it is genuine."

Priestley has accommodation and a combined lounge and dining room on each floor. Seating was also available in the foyer and on the first floor landing. The seating on the first floor landing overlooked the car park and local neighbourhood. People's bedroom doors were numbered, alongside the person's name and picture. Rooms were personalised with pictures, photographs and personal mementoes. This helped to make each room personal and homely.

There was access to the garden and the deputy manager told us the home entered Birstall in Bloom (BIB) Best Garden Competition each year and in July 2017 the home was awarded the Silver Gilt for their Neighbourhood Garden; photographs regarding this award were on display in the reception area.

# Is the service caring?

## Our findings

One person who commented about the staff told us, "They're lovely, every one of them." Another person said, "Staff treat me very well and I am delighted to be here." A relative told us, "They're very attentive and friendly. Staff are always talking to them. It's been even better than I thought it would be." We saw a compliment which stated 'A heartfelt thank you for all the care and attention given to my [relative] during their stay with you'.

One staff member told us, "I just like caring." Another staff member said, "I've always liked caring. It feels like an achievement." A third staff member said, "I'd be happy if I had to place my mum in here."

We consistently saw staff were attentive and kind during their interactions with people who lived at the home and their families. On the second day of our inspection, we observed staff and the registered manager taking time to comfort one person who had become concerned about having their blood taken and meeting a health professional for the first time. We saw they took time to give the person appropriate reassurance about the support they were receiving.

We saw the entrance to people's rooms had been personalised with their names on a plaque and an image which reflected their interests, such as a crossword, newspaper or floral picture. This helped to make each room personal and homely for the person concerned.

Staff we spoke where able to give us examples of how they ensured people received person centred care. For example one member of staff said, "It is what they prefer, how they want things doing." Kitchen staff we spoke with were aware of one person whose religious beliefs meant they had specific dietary needs which needed to be met. In August 2017 a satisfaction survey asked people 'Are you able to have a bath and shower when you want one?' and 'Are you encouraged to make independent choices with regard to your personal care?' All the people who responded selected 'yes'. This demonstrated staff respected people's individual needs and preferences.

People told us staff were polite, respectful and protected their privacy, one person commented, "Staff do assist me with my personal care with upmost respect." Staff we spoke with were able to describe how they helped ensure people received care which was dignified and respected their privacy. One staff member said, "If they're in their rooms and the door's shut, I always knock." We observed a staff member who identified that one person's skirt needed to be adjusted to maintain their dignity. The staff member made the adjustment for this person discreetly. In August 2017 a satisfaction survey asked people 'Do you feel that you're treated with dignity and respect when it comes to your personal care'? All people who responded selected 'yes'.

People were supported to retain life skills. One of the relatives we spoke with told us their family member was supported to live as independently as possible. They said, "It's not all done for her. She's reminded." At lunchtime we saw staff encourage a person to pour their own milk into their cup before the staff poured their tea. We also saw and heard staff encouraging people to walk either assisted by staff or with aids to

maintain their mobility.

## Is the service responsive?

### Our findings

Relatives told us there was enough to keep people stimulated and there were regular trips out. Comments included; "They always seem to be doing something", "They do take [name of person] to the garden centre" and "If it is a resident's birthday they all get involved, it is very good fun."

During our inspection we overheard people being invited by staff to take part in activities. One person who declined to take part was assisted by a staff member to instead listen to a CD collection. Staff told us people were able to do some gardening when the weather allowed and people were supported to go on monthly minibus outings to places such as a local garden centre, the park and for a carvery meal at a restaurant. One staff member said, "It's whatever they want to do." During the April 2017 'resident and relatives' meeting, we saw people and relatives were asked to suggest where they wanted to go for day trips. We saw people were asked about the activities they received which people were satisfied with. We also saw information on display in the reception area entitled 'older men's champions.' This provided information as to how the two named champions would encourage the gentlemen who lived at the home to become more involved in the recreational aspect of their care.

Each of the care plans we reviewed contained adequate details to enable staff to provide individualised care to people. For example one care plan provided information pertaining to the person's particular health need and recorded the action staff should take if they became unwell. Another care plan noted 'Would like staff to brush her teeth as she is no longer able to do this' and 'I like to mobilise freely around the home'. We noted the records completed by staff to record when they supported people to change their position in bed were not contemporaneous. For example, the form used by staff had the times pre-printed, for example, 9pm 11pm, 1am. This meant staff were not recording the actual time the care intervention was completed. This was brought to the attention of the registered manager from another of the registered provider's services.

During the April 2017 'resident and relatives' meeting, we saw evidence that people and relatives were reminded they were able to review their care plans and ask for things to be added and removed. In August 2017 a satisfaction survey asked people 'Were you involved or did you contribute to the information in the care profile'? All the people who had responded selected 'yes'. One relative we spoke with confirmed they had been involved in care planning for their family member and said, "The meticulous detail was extraordinary."

One relative told us they knew how to complain if they were dissatisfied with the service their family member received. They said, "I was shown a copy of the complaints procedure. I would go to [registered manager]." A person who lived at Priestley said, "If I had any concerns I would speak to the lass in the office." We looked at the records of complaints and saw there were two formal complaints on file. There was evidence to demonstrate that both complaints had been responded to appropriately and within the timescales identified in the registered provider's complaints policy. We saw outcomes from investigations were used to feedback to the staff team regarding how performance could be improved. This meant learning outcomes from complaints were used to feed into the continuous improvement of this service.



## Is the service well-led?

### Our findings

People and staff spoke positively about the management of the home. One relative told us, "I've recommended this place on several occasions and will continue to do so." Staff comments regarding the registered manager included, "She's approachable" and "She's lovely. She's approachable." Staff told us they loved working at the home. One staff member said, "I love it. Friendly staff and the residents are lovely."

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met. The registered manager had worked at Priestley for ten years, three of which had been in the role of registered manager. They told us, "I like to run the home openly, friendly. We are working here in someone else's home, their home." The registered manager told us they wanted their staff to feel appreciated for the work they did and therefore they were encouraged to participate in voting for the employee of the month. We saw a nomination box in the reception area for staff to place their vote and the registered manager told us about the two most recent recipients. One of the staff we spoke with told us the 'winner' received a bottle of wine or some flowers. We also asked the registered manager if they felt supported in their role, they said, "[Name of Head of Regional Operations] is a really good manager, very supportive. I can ring her about anything."

In response to both days of our inspection, the registered manager arranged to hold meetings with staff which meant information regarding our findings was shared across the team. We saw evidence of other staff meetings for each department and as a full team. The registered manager told us staff meetings were held approximately four times a year and staff we spoke with told us staff meetings were an open forum in which they could voice issues with the management team. One staff member said, "It's a two way discussion." This showed staff were able to express their views and were involved in making decisions regarding the management of the home.

We asked the registered manager how they ensured people received a high standard of care and support. They said, "The deputies are my eyes and ears, I also go out on the floor and do a daily walk around, chatting to people." The registered manager told us the home had a 'resident of the day.' They explained this involved themselves and a representative from each department within the home speaking with the person to gain their feedback about the service they received. At the last inspection on 31 May 2016 we found this was not truly embedded as it was not widely known about within the staff team, however, on this inspection we found the deputies and senior care staff were able to tell us about this. One of the care staff was unsure what resident of the day entailed other than 'having a chat with the person' although they said the process had been explained to them the week before our inspection. We reviewed a random sample of completed 'resident of the day' reviews and saw each document recorded the interaction between the relevant department representative and the person who lived at the home.

We looked at the records of 'resident and relatives' meetings and saw these were well attended, including representation from the registered manager, head of regional operations and staff from different departments. In August 2017, we saw 21 relatives attended a meeting which covered staffing arrangements,

food and other relevant information. In April 2017, the registered manager provided feedback from a satisfaction survey which included action taken in response. The meeting also covered; new members of staff, activities and cleanliness. Changes which had been made to mealtimes were checked to ensure these had been effective. We saw evidence of monthly satisfaction surveys which covered, for example, cleanliness of the home, staff satisfaction, food and menu and care provided. We saw high levels of satisfaction which included feedback from a professional visitor's survey. This meant the registered manager was able to demonstrate they communicated effectively and listened to people and relatives.

We saw a range of audits were completed at the home, including, infection prevention and control, medicines, complaints and housekeeping. Information was filed neatly and was easy to locate and review. We saw where issues were identified, action was taken, for example, the housekeeping audit had scored 55% in January 2017 but by April 2017 this score had improved to 87%. A medicines audit in August 2017 highlighted not all people had a photograph attached to the medicine record, the audit dated September 2017 recorded that this had been addressed. The registered manager told us the registered provider had very recently implemented a clinical governance summary record which they had to submit each month. They showed us the one they had recently completed, we saw this included information regarding incidences of pressure ulcers, falls, weight loss and infections requiring the use of antibiotics. This level of information provides an insight into the quality of care and support people have received at the home.

The registered manager told us they had a single action plan where any identified issues were recorded. The head of regional operations said this was a more effective way of working and avoided home managers having multiple action plans to complete. We reviewed the action plan and saw it clearly identified actions needed, including timescales for completion. The action plan included actions identified at the last CQC inspection and issues raised from the checks completed by the head of regional operations when they visited the home. When an action was addressed we saw this was 'signed off' by a senior manager. Completed actions were then retained on a separate part of the action plan which enabled outstanding actions to be clearly identified.

During this inspection we found a number of improvements had been made since our last inspection, however, as evidenced within this report improvements were still needed to the management of people's medicines and management of risk. The overall rating for this service is Requires Improvement. Registered providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'; good care is the minimum that people receiving services should expect and deserve to receive.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. In the reception we saw a poster displaying the ratings from the previous inspection was on display and we also noted a link to the CQC report was also available on the registered provider's website.