

HC-One Limited

Priory Gardens

Inspection report

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Date of inspection visit:
06 March 2017
07 March 2017
13 March 2017

Date of publication:
30 May 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection of Priory Gardens took place on 6, 7 and 13 February 2017. We previously inspected the service on 26 July and 2 August 2016, at that time we found the registered provider was not meeting the regulations relating to safe care and treatment, good governance and staffing. We rated them as inadequate and placed the home in special measures. The purpose of this inspection was to see if significant improvements had been made and to review the quality of the service currently being provided for people.

Priory Gardens is a nursing home currently providing care for up to a maximum of 72 older people. The home has three separate units which provide care and support for people with nursing and residential needs including people who are living with dementia. On the days of our inspection 49 people were living at the home.

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 and staff understood the potential signs of abuse and how to report any concerns.

Peoples moving and handling records were not robust and needed further work to ensure they addressed all aspects of peoples care and support including any equipment they used, for example to access the bath or specialist seating. Where people were at risk of falls, their care plans needed more information as to how the risk to their safety was being reduced.

People had a personal emergency evacuation plan (PEEP) in place and there was a system to ensure all staff received regular fire drills. External contractors were used to service and maintain equipment, and internal maintenance checks were made on the premises and equipment to ensure the home was safe.

Staff were recruited safely. Changes had been made since the last inspection to the staff numbers and skill mix. During our inspection we identified further concerns with the staffing levels but the registered provider assured us they were taking steps to address this.

Staff who had responsibility for the management of medicines received training and audits were regularly undertaken on peoples medicines to highlight any concerns at an early stage. We found issues identified at our previous inspection had been addressed but improvements were still needed to the management of people's creams.

The home was generally clean but we identified some areas of uncleanliness which we informed the registered manager about. We also noted on the dementia unit staff were not adhering to good practice as

hoist slings were not being used on an individual basis.

Relatives felt staff had the skills they needed to do their job. New staff completed an induction but this was not always completed in a timely manner. There was a programme in place to provide staff with training in a range of topics. However, we identified staffs knowledge of other methods which may be deployed to effectively support a person with behaviour which challenged others, was limited.

Staff understood people had different abilities in regard to making decisions about their daily lives. We saw evidence of mental capacity assessments in peoples care plans but we identified aspects of some peoples care where they were unable to consent yet there was no evidence of a capacity assessment or that best interest's decisions had been made.

People received their meals in a timely manner. Although we identified one person who was not provided with adequate staff supervision to reduce the risk of choking while drinking. Staff recorded the food and fluid intake for some people and although we found the standard of recording had improved since our last inspection they were not yet consistently accurate.

Each of the units had communal lounge and dining areas and there was a kitchenette to enable staff to easily provide drinks and snacks for people. There was signage throughout the home to indicate shower and toilet facilities to enable people to find these rooms when they were required.

Everyone we spoke with told us the staff were caring. We observed staff interact with people in a kind way. Staff knew people's needs but they told us they did not have time to read peoples care plans. We saw staff enabling people to make choices but we also saw where people were less able to communicate their preferences, staff did not consistently support them to make their own choices. People's privacy and dignity was respected by staff but people were not able to lock their bedroom doors to prevent unauthorised access. We found peoples care records were stored confidentially.

People gave mixed feedback about the activities provided at the home. We saw little evidence of any activities on the dementia unit and people's activity records did not evidence a comprehensive programme designed around individual's needs.

Peoples long term care plans were person centred and provided information about the individuals support needs. However, they lacked adequate detail to ensure all aspects of their care and support were thoroughly recorded. There had been an improvement to the quality of recording regarding personal hygiene records and position change records. Although there was no evidence staff had changed the position of three people on six consecutive nights during 2017.

People told us they knew how to raise a complaint. We saw complaints were recorded on an online management system. Issues were investigated and responded to in writing, including, if needed, an apology.

Each of the relatives we spoke with told us the home was well led. The registered manager and the assistant operations director were professional, speaking openly about the progress made since the last inspection and where further attention was still needed.

Systems of governance were in place, regular audits of the service were taking place and issues identified were being acted upon. There were regular meetings with staff and people who used the service and we saw evidence that actions were taken to address issues.

Staff had recorded two incidents in a person's daily notes which should have been reported to CQC, when the registered manager investigated them they said the records were inaccurate and therefore there was no requirement to submit a statutory notification regarding them. It is imperative staff understand the need to ensure accurate records are kept of all aspects of peoples care and support.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. However, we identified continuing breaches in regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

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.

We observed safe moving and handling practices but records relating to moving and handling were not all in place.

Systems of staff recruitment were safe.

Regular audits of peoples medicines were taking place but the management of creams needed to be improved.

Requires Improvement ●

Is the service effective?

The service was not always effective.

There was a system in place to ensure staff received induction, training and supervision.

Staff understood people's right to make decisions but mental capacity assessments in care plans were not always reflective of their needs or abilities.

Records relating to food and fluids were not consistently robust.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People and their relatives told us staff were caring and kind.

Staff knew people well but said they did not have time to read peoples care plans.

People told us they were enabled to choose but we saw where people were less able to communicate effectively; staff did not consistently offer them a choice.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Feedback from people about the provision of activities was

Requires Improvement ●

mixed.

Care plans were person centred but required more detail to ensure all aspects of their care needs were recorded.

Complaints were recorded, investigated and responded to.

Is the service well-led?

The service was not always well led.

Issues identified with this report evidence that there are still areas which need attention to ensure full regulatory compliance.

Systems to monitor the performance of the home were in place and audits were being undertaken at regular intervals.

Regular meetings were held with staff and people who used the service.

Requires Improvement 

Priory Gardens

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.

This inspection took place on 6 and 7 March and 13 April 2017. Day one and two of the inspection were unannounced. An unannounced inspection is where we visit the service without telling anyone. On 6 March 2017 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 supporting a person who required care and support. On 7 March two adult social care inspectors visited the home. One inspector also visited the home again on 13 April 2017; this visit was announced and was to ensure the manager would be available to meet with us.

The registered provider had completed a Provider Information Return (PIR) in February 2017. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection visit we reviewed the service's inspection history, current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We contacted commissioners of the service, safeguarding and Healthwatch to ascertain whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was used to assist with the planning of our inspection and inform our judgements about the service.

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 three people who were living in the home and twelve visiting relatives. We also spoke with the assistant operations director, registered manager, a nurse, four senior care staff, four care assistants, a cook,

a domestic and the activity organiser. We also spoke with an external visiting health care professional. We reviewed four staff recruitment files, six people's care records and a variety of documents which related to the management of the home.

Is the service safe?

Our findings

Our inspection on 26 July and 2 August 2016 found the registered provider was not meeting the regulations as we found medicines were not managed safely, there were not enough staff to meet people's needs and the risks to people's safety were not always not fully assessed. At this inspection we checked to see if improvements had been made.

People and their relatives told us they felt safe. One person said, "Yes I feel safe." A relative said, "Yes [person] is definitely safe here" another relative commented, "I think [person] is very safe living here."

Staff told us they had received training in safeguarding vulnerable people from the risk of harm or abuse. They were able to tell us about different types of abuse, for example, physical, emotional or neglect, they were also confident in being able to report any concerns and that action would be taken by more senior colleagues. This showed staff understood their responsibility in keeping people safe.

Relatives told us they felt staff managed risk, well. One relative said, "I think they manage the risk of falling well. They have pressure mats so they know when [person] moves." Another relative commented, "[Person] can fall sometimes, but they watch [person] when they walk around."

At the last inspection we found information regarding peoples moving and handling was inconsistent and risks to people's safety had not always been fully assessed. At this inspection we found information was consistent and reflected the practices we saw, for example, we observed staff use a hoist for one person and when we checked their care plan we found the information tallied with our observations. However, we also found not all the required information was in people's care plans. For example, we reviewed three people's records and saw moving and handling care plans were in place but the associated risk assessments were not in their file. We informed the registered manager and they told us that their paperwork had been updated in the last couple of months and these documents had been archived in error. They assured us the paperwork would be located and returned to the relevant files. It is important that these documents are in place to ensure staff have all the relevant information to reduce the risk of harm to themselves or the person they are supporting.

When we reviewed the care plan for another person the records indicated they were not currently being bathed due to poor health. When we looked at their personal care records we saw they had been bathed on three occasions during February 2017, this was also confirmed when we spoke with a member of staff. We informed the nurse at the time of the inspection of the need to ensure all aspects of a person's care were assessed and recorded and when we returned for the third day of our inspection the registered manager showed us this documentation had been put in place.

People's risk of falling was assessed and care plans were in place. We saw these identified equipment, for example sensor mats, and stated people should wear appropriate foot wear. But the plans lacked detail such as shoe type and there was no information pertaining to the level of staff support or frequency of staff observations of the person's safety.

This demonstrates a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found there was a lack of information regarding people's individual mattress settings. We reviewed the care plan for one person and saw the mattress setting was recorded along with the timeframe for staff to assist them to change their position; this information was also recorded on their position change record. We checked the position change records for a further three people and saw staff had recorded the requirements for their mattresses for two people but the information was not recorded for the third. This information is needed to ensure the mattress is set correctly and ensure its effectiveness in reducing the risk of pressure sores.

At the last inspection we found people's personal emergency evacuation plans (PEEP's) did not record an adequate level of information. On this inspection we checked the PEEP for three people and found relevant information was recorded, for example the number of staff and equipment needed in the event premises had to be evacuated. Although a fourth PEEP made no reference to the level of staff support they required. We saw equipment within the home to assist staff to evacuate people in the event of an emergency. The registered manager told us staff received regular face to face training regarding the action to take in the event of a fire. They said they had recently provided a list to the maintenance person, of staff who needed to update this training. Participating in regular fire drills helps to ensure staff are confident in their role in the event the fire alarm is activated.

It was clear from our observations, speaking to residents, relatives and staff and reviewing records that a number of improvements have been made, however, it was evident further work was still needed to ensure people received a consistently high level of safe care. Accidents and incidents were recorded and the information entered on to the registered provider's online management system. The registered manager told us this information was then analysed by a team at their head office and a report was generated. We saw evidence this had been completed on a regular basis. Analysing incidents enables trends to be identified so that changes to people's care and support can be implemented.

We saw evidence external contractors were used to service and maintain equipment, for example the gas safety and the fire detection system. We also saw evidence that moving and handling equipment had been serviced in line with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). At the last inspection we were not able to access the internal maintenance checks as the records were not accessible to staff, but at this inspection we found the records were accessible. Checks had been completed on, for example, the fire system, water temperatures and wheelchairs. This showed there was a system in place to ensure the premises and equipment were safe and maintained.

We checked staff had been recruited in a safe way and that all the information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were in place. We reviewed the recruitment files of four staff and saw application forms had been completed and a record of the interview questions and answers had been retained. There were two written references in each of the recruitment files we looked at and Disclosure and Barring Service (DBS) checks had been completed. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands and help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. We also saw a regular check was completed on the professional qualifications of nursing staff employed at Priory Gardens. This showed the registered provider had ensured staff members were continuing to meet the professional standards that are a condition of their ability to practice.

At the last inspection we found there were not enough staff to meet people's needs. At this inspection we found improvements had been made.

We asked people for their opinion of the current staffing at the home, feedback was mixed. Comments included; "They come as soon as they can, they can get busy", "Yes they respond quickly when the alarm goes off", "I think they need more staff, when they are fully staffed it is fine" and "There always seem enough when I am there, they are very busy though." Another relative said, "No there aren't enough staff, but it is the same everywhere."

On the nursing unit we found the number and skill mix of staff had changed since the last inspection, this included the addition of a nursing assistant. The nurse told us this had made a big difference to their work load as they were able to assign them tasks including administrative duties which then freed them for clinical responsibilities. During our observations of the nursing unit we noted staff were continually busy but people's needs were met in a timely manner.

On the residential unit the staffing levels dropped by one care worker after 2pm as the senior care worker was expected to assist the care staff with their duties. But staff told us the senior carer workers' work load meant they were often unable to spend time with people or assisting the care staff. One member of staff said, there were sometimes no staff available in the afternoon on the residential unit, they said this was due to their only being three staff and many people needing two staff to support them. The senior care staff were responsible for managing their unit, administering three medicine rounds, answering the phone, addressing the needs of visiting professionals and family members, writing up notes and completing a care plan review each day, as well as supporting care staff with their duties.

On the dementia unit there was a senior care worker and two care staff but on the first day of our inspection a member of staff told us between 5pm and 8 pm there were only two staff on duty. Staff also told us four people needed two staff to support them aspects of their personal care, including accessing the toilet, washing, dressing and transferring using a hoist; one person needed constant supervision due to their high risk of falls. A further person was dependent upon staff for many aspects of their personal care, they frequently needed two staff due to their reluctance to allow staff to support them and it could take multiple attempts from staff to persuade them to accept help. When we reviewed their dependency assessment we saw they had been assessed as 'medium' which was not an accurate reflection of their needs. Accurate completion of people dependency assessment is essential as this tool is used by the registered manager to plan staffing requirements for the home.

We saw a person who was at high risk of falls stand and attempt to walk on a number of occasions, although staff always responded promptly and went to support them.

Feedback from staff in regard to staffing levels was mixed. Some staff felt that when all the allocated staff were on duty with no sickness or absence, they had enough staff to meet people's needs but all the staff we spoke with felt extra staff would enable them to spend time with people and engage them more in social interaction and activities.

We spoke with the registered manager and the assistant operations director at the end of our second day at the home regarding staffing at the home. When we returned for the third day of the inspection they told us they had reviewed the staffing after our visit and had increased the staffing to the residential unit in the afternoon and the dementia unit on an evening. They said this had been approved by the registered provider but there would be a delay while extra staff were recruited to cover the hours.

At the last inspection we found peoples medicines had not been managed safely, we took enforcement action against the provider. On this inspection we found improvements had been made.

Medicines were stored on the nursing and residential units. The rooms were kept locked and the medicines trollies were secured. A check was maintained on the temperature of the room to ensure the temperature did not affect the efficiency of the medicines. We checked a random sample of medicines and found the stock tallied with the number of recorded administrations. One person was prescribed warfarin; the dose for this medicine can be changed at regular intervals dependent upon the results of frequent blood tests. We checked the records and found the instructions and completed MAR'S contained clear instructions, were easy to follow and enabled us to see the appropriate dose had been administered by staff on a daily basis.

At the last inspection we noted two peoples care plans detailed an allergy to a specific medicine but this information was not on their medicine administration charts (MAR's). We checked on this visit and found this information was now recorded; this helps to reduce the risk of a person being prescribed a medicine which is not safe for them to take. We had also seen creams in a person's bedroom which were not written on their MAR. We checked on this inspection and saw they had three different creams in their bedroom but when we looked at their MAR we saw only one of the creams was recorded. This evidenced there was still further work to be done to ensure the management of people's creams was robust.

A random check was made by staff on a daily basis to check the recorded number of administrations tallied with the stock. We also saw a more in-depth audit of the medicines had been completed on 17 February 2017, no concerns had been identified. Regular audits enable concerns to be identified at an early stage.

Two senior care workers and a nurse told us their competency to administer peoples medicines had been assessed when they commenced employment at Priory Gardens. We checked the personnel file for one of the staff we spoke with and saw documented evidence of their competency assessment. This meant people received their medicines from people who had the appropriate knowledge and skills.

Personal protective equipment (PPE), such as gloves and aprons were available for staff to use. The home was generally clean and odour free however, in the dementia unit we noted an easy chair was soiled with food debris and a wheelchair was visibly soiled. Two sinks in the kitchenette areas were also heavily stained. The registered manager told us they were aware of this and it was due to recent change in the cleaning product, they said the product was under review. We also observed staff using the same red toileting sling for two people. We asked a member of staff if people were provided with individual slings, they said "No." It is considered good practice to ensure people have their own individual slings to reduce the risk of cross infection.

Is the service effective?

Our findings

Our inspection on 26 July and 2 August 2016 found the registered provider was not meeting the regulations as they had failed to ensure staff received appropriate support, training, professional development and supervision, food intake records lacked detail and the requirements of the Mental Capacity Act had not been consistently applied in line with legislation.

People and relatives told us staff had the appropriate skills to do their job. One person said, "Oh the ladies are very good here." Relatives comments included; "Yes I think the staff are well trained", "Definitely know what they are doing. They are very good" and "Yes they are, they know what they are talking about."

Staff told us they had received an induction when they commenced employment. One staff member told us new staff worked on one unit at a time to help them settle in and learn about the people who lived on that unit, they also said new staff spent a short period of time shadowing a more experienced staff member. We checked the personnel files for three staff that had been employed for less than twelve months and saw an induction workbook was in the process of being completed by two of the staff. However, despite one of the staff having been employed since July 2016 there were still sections that had not been completed or signed off. We brought this to the attention of the registered manager. We saw the induction workbook followed the guidelines for the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. We could not find documented evidence of an in-house induction for the third staff member, although when we spoke with them they told us they had received an induction, we asked the registered manager but they were unable to locate it at the time of the inspection. It was located and a copy scanned to us following the inspection.

We spoke to staff about the training they received. One staff member thought more of the training they received should be face to face and not E-learning. Other staff confirmed that a substantial amount of training was E-learning but said there was a practical element to the moving and handling training. One staff member said the training was a good standard and included a wide variety of topics. Another member of staff told us they had not been allowed to do and moving and handling with people until they had completed both the theory and practical element of this.

We reviewed the training matrix and saw this listed the training staff had completed, the date of completion and where staff had not completed the course. This showed there was a system in place to monitor staffs compliance with the registered providers training requirements.

We spoke with staff about how they supported a person who frequently displayed behaviour which challenged others. Staff told us, they would leave the person and try again at a later time. None of the staff were able to tell us about any other person specific de-escalation techniques they could use. The training matrix indicated there was an online course for staff 'Understanding and Resolving Behaviours that Challenge', however it had been over two years since this training had been completed by 22 of the 63 staff listed. We spoke with the assistant operations director and the registered manager and they told us they had

already identified this as a training need. They said plans were in place for a staff member from a sister home to implement a programme of face to face training for staff. Ensuring staff have the appropriate knowledge and skills to support people appropriately can reduce the level of challenging behaviour people exhibit towards others.

We spoke to one staff member who told us they had not had any supervision in the last six months. However, all the other staff we spoke with said they received supervision since the last inspection and we saw evidence of a recent supervision in each of the personnel files we looked at. There was also a matrix on the registered manager's office wall which listed the staff and when their supervision had taken place and was next due. This showed the system to ensure all staff received regular management supervision was not yet effective.

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 manager told us nine people who lived at the home were subject to a DoLS authorisation and a further nine were awaiting assessment by the local authority.

From speaking with staff it was clear they understood people had different abilities in regard to making decisions about their daily lives. One member of staff described one person as having 'fluctuating capacity' and was able to tell us about the decisions this person was able to make on a daily basis. Another staff member, although they demonstrated a good understanding, said they felt they would benefit from further training in this subject.

At the last inspection we found the mental capacity assessments in people's care plans were not fully reflective of all aspects of their needs. At this inspection we found some improvements had been made. For example we saw an assessment had been completed to assess if two people had the capacity to consent to living at Priory Gardens. The assessment showed they did not and we saw evidence of a DoLS application in their files. We also saw a capacity assessment and evidence of best interest's decision making for two people who required the use of bed rails. One of the records detailed the discussions held the family and how the capacity of the person was assessed. However, we also found aspects of people's care where a capacity assessment had not been completed, for example where people lacked capacity to manage their medicines or to consent to the use of specific equipment. Following this process demonstrates openness and transparency in providing services for people who lack capacity as prescribed in the Mental Capacity Act 2005.

One person was administered their medicines covertly; this is where medicines are administered in a disguised form. We saw evidence of best interest decision making involving both the GP and the pharmacist but an assessment of the person's mental capacity had not been completed. A decision to administer medicines covertly can only proceed where strict guidelines have been followed. This is to ensure the rights of the person are protected.

We shared our findings regarding MCA documentation with the registered manager after the second day of our inspection. On the third day of our inspection the registered manager told us since their discussions with the inspection team regarding the MCA they had decided to review a number of people to assess if they had capacity to consent to key aspects of their care. This demonstrated the registered manager had begun to take steps to ensure the service was complying with the requirements of the Mental Capacity Act (2005), however, at the time of the inspection the service was still not able to evidence full compliance, this demonstrates a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Over the period of the inspection we observed people receiving meals and drinks on each of the units. People spoke positively about the meals. A relative said, "I have only seen one meal but it looked lovely. I think there is a choice." Another relative said, "There is always fresh veg and fruit. [Person] has put weight on since they went to live there."

At the last inspection we found there were insufficient staff to ensure people received their meals in a timely manner, people were not provided with sufficient to drink and where food and fluid records were maintained, the quality of the recording was poor.

At this inspection, we noted dining tables on the units were set with cutlery, condiments and napkins. Staff we spoke with were knowledgeable about people's dietary requirements and preferences. For example, staff knew who required a soft or pureed diet. This is important to ensure people are not served a meal which may put them at risk of choking. Peoples care plans contained information pertaining to eating and drinking, although where staff recorded a person required assistance or supervision the records did not provide further detail, for example, if they required verbal prompting or if they required a staff member to sit with them to enable them to eat or drink. We also reviewed another care plan which detailed they could eat a normal diet but required their drinks in a spouted beaker with handles. At lunchtime we saw their meal and beaker corresponded to the detail in their care plan.

On the nursing unit some people received their lunch in their bedroom. We saw staff take peoples meals served on trays with doilies and condiments. People were served in a timely manner, staff offered people a choice and asked if they wanted any assistance, for example, cutting up their food. Staff asked people if they had had enough prior to removing plates and people were offered drinks with their lunch.

At lunchtime on the residential unit staff were busy serving and assisting people who needed help; however, staff were patient and respectful, encouraging people to eat. People were given a choice of meal and an alternative was offered when people declined.

On the dementia unit we saw drinks of juice were available and we saw people were served a choice of hot and cold drinks and snacks mid-morning and mid-afternoon. At lunchtime staff began to seat people at the dining table at 12.30, cold drinks were served and staff began serving meals at 12.45. Meals were plated up by staff but people were asked if they wanted gravy adding.

We reviewed a care plan and saw the person required a 'thick puree' diet and thickened fluids, staff had assessed them as being at high risk of choking and requiring staff supervision. However, we observed this person take a beaker of juice, belonging to another person and begin to drink the contents, they spat some on the floor and coughed, we noted the drink was not thickened. Staff responded to the person and brought them their own drink which the person drank, the member of staff observed them for about 10 seconds then walked away to continue serving people's meals. During the afternoon we saw this person was sat in their bedroom, they had a glass of juice in front of them but there were no staff present to monitor their safety.

We brought this to the attention of the registered manager and asked them to make a referral to the local authority safeguarding team as this incident had placed the person at risk of harm.

We reviewed the food and fluid records for five people. We found the overall standard of recording had improved since our last inspection. Staff consistently recorded people's breakfast, lunch and teatime meal including what the meal consisted of and how much the person had consumed. But mid-morning and mid-afternoon drinks and snacks were not always recorded and we were unable to evidence if this was because the person had declined or staff had not offered them. Each fluid chart had a section where the fluid intake could be totalled for the 24 hour period but this had not been completed in any of the records. Completing this enables staff to review individual's daily fluid intake and to assess if this was sufficient or if action is required to address potential dehydration. This demonstrates a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the registered manager had taken steps to encourage staff to complete people's food and fluid records accurately. A supervision file in the office contained evidence of a group supervision where staff had been reminded about the level of detail required to ensure these records were robust.

Relatives told us the staff contacted people's GP in event of any concerns. A relative said, "[Person] recently had a chest infection, they contacted the GP and [person] had antibiotics."

Another relative said, "They have helped with the optician and if [person] is not well they contact the GP straight away, even if it is just a phone consultation"

We saw evidence in people's care records; people had access to external health care professionals. This included GP's, district nurses, dieticians and speech and language therapists. We reviewed the care plan for one person who frequently displayed behaviour which challenged others but we could see no documented evidence they had been referred to the community mental health team for more specialist advice, although a member of staff told us a referral had been made by the person's GP.

The home has three distinct units with the nursing unit on the first floor and the residential and dementia unit on the ground floor. Both ground floor units have direct access to the garden. There were separate lounge and dining areas on both the nursing and residential units with the dementia unit having a large area with defined lounge and dining areas. Each of the units had a kitchenette in the dining area to enable staff to provide drinks and snacks for people. There were also seating and coffee making facilities in the reception area for people and visitors to access, although on each of the days there was no kettle and the coffee pot was empty.

Bedroom doors on the dementia unit were painted in various colours and the doors had people's names on them. Memory boxes were located outside bedroom doors. Pictorial signage was used throughout the home to indicate shower and toilet facilities. This enabled people who may no longer be able to fully comprehend the written word to be able to navigate around the home.

Is the service caring?

Our findings

Everyone we spoke with spoke positively about the attitude of the staff. Comments included; "We can't fault the care. They are very kind and caring yes, they are brilliant with [person], we can't fault them", "[Person] is very settled and well looked after" and "We could not wish for nicer girls, they are brilliant with [person]." Another relative commented, "They are lovely, they treat [family member] like their own." A person who lived at the home said, "The staff are great here."

Throughout the inspection we observed positive interactions between staff and people. Staff were very patient and respectful with people but also laughed and joked with them. We saw staff lower themselves to the individuals level to speak with them and show a person a range of snacks on a tray so they could make their own choice. The staff member offered to open the snack for them when they struggled to open it. We also saw someone brought into a lounge in a wheelchair, staff checked they were warm enough and comfortable and gave them the nurse call buzzer prior to leaving them alone. We spoke with a nurse who described the changes they were making to improve person centred care, for example ensuring when people chose to get up early, they were offered a hot drink and a simple breakfast and did not have to wait until the kitchen staff began work.

However, though we did see two incidents on the dementia unit where people were not responded to. One person often said 'shut up' while sat in the communal area. Staff did not respond and we did not see staff attempt to find somewhere quieter for the person to sit. Another member of staff commented a person was only wearing one shoe but made no effort to locate the other shoe.

Each of the staff we spoke with was able to tell us about people's individual care needs, their likes and dislikes, however, staff told us they did not have time to read people's care plans. One staff member said "I just follow what other staff do, we learn from each other." Reading people's care plans is important as it enables staff to be aware of people's care needs, likes, dislikes and aspects of their care and support which are important to them. This can be of greater importance, particularly where people have memory or communication impairments and may not always be able to communicate their preferences.

People told us they were enabled to make choices, one person said, "Yes I get up and go to bed when I want, usually at the same time." A relative said, "[Person] chooses to stay in bed sometimes", another relative said, "Yes [person] generally gets up when they want"

Staff told us how they supported people to make choices, for example, showing a person two sets of clothing so they could choose what to wear. But during our observations we noted where people were able to make a choice or state their preference, staff were more consistent in offering them options but people who were less able to verbalise their preference were not consistently supported to choose. For example, at lunchtime on the dementia unit we saw a member of staff serve a glass of orange juice to five people without offering them any choice. We heard staff serve meals to people but not tell the person what the meal was and we heard a member of staff ask a person if they wanted pudding, the person declined but they were not told what the pudding was, or offered any alternatives when they declined.

One of the staff we spoke with told us how they encouraged people to maintain a level of independence. They said, "We try to get people to do as much as possible." We saw staff encourage people to walk where they were able and staff verbally prompted people to eat and drink independently. A care plan noted 'able to wash their own face'. This can promote positive self-esteem where people are significantly dependent upon staff to meet their needs.

Where people were nursed in bed, we asked why this was. One relative told us staff supported their family member to sit out regularly. One of the staff told us the registered provider had invested in six specialist chairs to enable people to sit out of bed if a traditional easy chair was not suitable for their needs. The member of staff said, "These chairs are fantastic." This showed the registered provider had taken action to provide suitable seating for some of the people who lived at the home.

Relatives told us staff spoke to their family in a respectful manner. One relative said, "They are very respectful when they talk to [person] but at the same time have a good laugh." Another relative said, "Yes they always speak to [person] in a respectful way" Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. This included, closing doors and windows and speaking to people about their care needs in a discreet manner.

At the last inspection people who were living on the residential unit told us other people sometimes wandered into their bedrooms and people did not have the ability to lock their bedroom door. We asked a member of staff if this had changed, they said, "No one has a key here." We also saw an entry in a relatives committee meeting dated; 23 November 2016 where two people had expressed concern about other people entering their room, although we did see staff locking a bedroom door at the request of one person who lived on the residential unit. We discussed this matter with the assistant operations director and the registered manager on the day of the inspection. They told us they had spoken with one of the people and they had said they did not want a key for their bedroom door. The assistant operations director assured us they would look into this topic again.

At the last inspection we found peoples records were not always stored confidentially, on this inspection we found offices where care records were stored were locked unless a member of staff was present. This reduced the risk of unauthorised access to people's records.

Is the service responsive?

Our findings

We got mixed feedback when we asked people about activities at the home. Positive comments included, "There are loads of activities. Monthly trips out and things to do in the home" and "Yes there is plenty to do, Baking, puzzles, entertainment." Negative comments were ""No there is not enough to do, they keep saying we will have a trip out" and, "There are not enough days out, but I suppose it depends on carers being there."

We spoke with the activities coordinator who was employed full time. They told us, and we saw a monthly activity programme displayed around the home, and monthly updates put in peoples bedroom. We saw activities included: movie days, reminiscence days, dominoes, quizzes and trips out. There was also a visiting mobile library, church visits, hairdresser and manicures. They told us they visited every person each day to spend one to one time with them.

We reviewed the activity records for a person on the nursing unit who spent a significant amount of time in bed. There were two entries for February 2017 referring to hand massage on 7 February 2017 and enjoying a lemon mousse for Valentines tea on 14 February 2017, no other entries were recorded. When we looked at a second file on the nursing unit there were no activities recorded. On the dementia unit we observed minimal activities other than the television and a brief ten minute period on the first day of our inspection when a member of staff threw a ball to people. We saw people enjoyed this, smiling and throwing the ball back to the staff member. A poster 'what's on in March' recorded 'wash day on dementia 1:1' but we did not see or hear any evidence of this activity taking place. We saw a Pet as Therapy (PAT) dog visit the home with its owner but we did not note if they visited the dementia unit. We reviewed the activity records for a person on the dementia unit and saw there was no entry after 28 February 2017 which recorded 'enjoyed pancakes for Shrove Tuesday and ball games with staff'. Enabling people to take part in person centred, meaningful and enjoyable activities is a key part of 'living well'.

Our inspection on 26 July and 2 August 2016 found the registered person was not meeting the regulations as we found complete and accurate records were not maintained, at this inspection we found a number of improvements had been made.

We saw when a person was admitted to the Priory Gardens a 'seven day care plan' was put in place. This provided a basic summary of a person's care needs and enabled staff to get to know more about the person as they developed a more in-depth long term care plan.

The long term care plans we reviewed were person centred and provided information about the individuals support needs. One care plan recorded the person liked staff to open their curtains in a morning when they awoke even though they often spent their day in bed and they liked a clean night dress every day. Another care plan noted the person liked to sleep with the bathroom light on. However, as referred to earlier in this report some aspects of people care plans required greater detail, for example in regard to falls risk and support with eating and drinking. Another care plan recorded the person liked to wear a 'small cardigan' every day but there was no other information as to the level of support they needed from staff to enable them to wash, bathe or dress. The care plan also referred to the person being agitated at night and staff

were to 'give re-assurance', but there was no detail as to what words or actions would provide the necessary reassurance to reduce the person's anxiety.

At the last inspection we found there were extensive gaps in people's position change records. On this inspection we reviewed the position change records for five people. We found the time frame for the individuals position change was recorded on the majority of records but staff were not always recording their repositioning of people during the night on the nursing unit. For example there was no entry from approximately 11pm until 6am on six consecutive nights in February and March 2017 for three of the people we reviewed. We brought this to the attention of the nurse on duty and they confirmed these three people still required staff to change their position through the night. We also shared this with the registered manager at the end of the inspection.

The shortfalls in some care plans and the failure to record position changes overnight demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans were reviewed and updated at regular intervals and we saw some of the care plans we looked at had recently been updated and written on updated documentation templates. Regular reviews help to ensure care records are kept up to date and are reflective of people's current needs.

Staff completed a daily record; this provided an overview of the care and support they had received on daily basis. They also completed personal hygiene records. We reviewed the personal hygiene records for seven people and saw improvements had been made since the last inspection. There were fewer gaps on the records and staff had completed them on a more consistent basis, although the name of the staff member was not always recorded so the staff who provided the care could be identified.

Everyone we spoke with told us they knew how to raise a complaint although people and relatives told us they did not have any complaints about the home.

The registered manager told us all complaints; both formal and verbal were logged on the registered provider's online management system. They said formal concerns were investigated and then responded to in writing. We saw a log was retained of both compliments and complaints. We saw compliment dated 14 December 2016 '[Person] was only at Priory for a matter of weeks. During that time [person] received the best possible care for all staff employed. They were caring, kind and considerate'.

We saw there had been ten complaints between October 2016 and March 2017. We saw they had been investigated and a written response detailing the findings of the investigation, and where appropriate, an apology had been sent to the complainant. This showed complaints were dealt with openly and seen as an opportunity to improve the service people received.

Is the service well-led?

Our findings

Our inspection on 26 July and 2 August 2016 found the registered person was not meeting the regulations as we found there had been a failure to ensure systems and processes of governance were operated effectively to ensure regulatory compliance. There had also been a failure to act on feedback from people who lived at the home and staff.

Feedback from each of the relatives we spoke with regarding the management of the home was positive. One relative said, "Yes [registered manager] is helpful and we don't have any problems with anybody. They are very good at communication; they call me with any issues." Another commented, "it is well managed. I can't think of anything which could be improved" and "The manager is always walking about and visible."

There was a registered manager in post on the day of our inspection they had been employed at the service since October 2016. A new deputy manager had also commenced employment on the first day of our inspection. Throughout the inspection the registered manager and the assistant operations director were professional and knowledgeable about the service. They spoke openly about the progress made and areas still needing attention.

The majority of the staff we spoke with said standards at the home had improved since the last inspection. One staff member spoke positively about the manager who had been brought in at the time of the last inspection to improve standards, they also spoke positively about the current registered manager and assistant operations director who they said was a regular visitor to the home. They went on to say the registered manager was quick to tell staff if there were issues which needed to be addressed, "[Registered manager] runs a tight ship but they are fair." Another member of staff said they felt they could speak openly to the registered manager and felt supported by them. However, not all the staff we spoke with were content with the approach of the registered manager and we brought this to the attention of the registered manager and the assistant operations director. The registered manager was aware their management style may not be popular with all the staff but the registered manager and the assistant operations director told us they would reflect on this feedback.

At the last inspection a lack of consistency regarding the management of the home had meant that where audits and reports had identified issues, they had not been acted upon or followed up.

On the office wall there was a list which detailed the audits to be completed each month. For example, medicines, care records, catering and health and safety. Governance files in the registered manager's office were organised and information was easily located. It was clear that audits were taking place on a regular basis; issues were being identified and addressed.

The registered manager or a senior member of staff in the home completed a twice daily walk around of each unit; we saw this taking place regularly. The document prompted the auditor to make a random check on a variety of different matters, including, people's care needs, infection control concerns, catering and feedback from people and relatives. We saw the auditor was prompted to check staff were completing specific records, such as position changes and food diaries. We discussed with the registered manager the

possibility of the auditor checking a random sample to ensure that not only were staff completing them, but the relevant information was being recorded.

An in-depth medicines audit was completed on a monthly basis and a care plan per unit per week was also audited. The registered manager told us the care plan audit form had recently been amended to enable staff to record when they had addressed identified shortfalls. We saw 12 care plan audits had been completed in February 2017 and four had been completed to date, during March 2017.

An internal assessment of the home had been completed in October 2016 by a member of the registered provider's quality assurance team. We saw this report rated the home as 'requires improvement' and identified many of the issues we had identified at our earlier inspection. A further assessment had been completed in January 2017 and also rated the home as 'requires improvement', recording both positive findings and areas still needing attention. An action plan was in place and this identified the action needed, the person responsible and the time frame for completion. A monthly visit report was also completed by the assistant operations director providing a regular evaluation of the homes performance.

The registered manager had begun to hold clinical governance meetings, the first one had been held in February 2017 and the next one was scheduled during March 2017. We saw topics discussed included staff training requirements, recent complaints and a high incidence of falls during December 2016 and January 2017. An identified action from the clinical governance meeting held in February 2017 required staff to have completed falls training; the action plan listed the staff who were still to complete this and the registered manager had signed to evidence which issues had been addressed and which were still on-going.

Staff meetings were held on a daily basis at 11am. Staff said this was an opportunity for key information to be shared, for example admissions and discharges, staffing issues and other matters affecting the day to day management of the home. We saw a brief record was retained of these meetings and we saw some of the issues we had identified after the first two days of our inspection had already been highlighted with staff through these meetings.

Staff meetings had been held in September and November 2016 and January 2017. In one of the meetings staff had highlighted the issue of the nurse call ringing on every unit and not just the unit where the call was for, staff said this was inefficient. The registered manager said that as a result of this the nurse call had been adjusted so that only the emergency call bell rang on every unit and individual rooms now only rang on the relevant unit.

We saw information displayed within the home regarding resident and relative meetings. One of the relatives we spoke with said the meetings were chaired by the activity coordinator and minutes were taken. We saw minutes from meetings held in November 2016 and January and February 2017. Minutes from the November 2016 meeting noted 'happy with the extra staff on nursing unit', minutes from the December 2016 meeting recorded feedback from people regarding the entertainers to the home over the Christmas period. Meetings are an important part of the registered responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people living at the home.

We asked the registered manager if a recent feedback survey had been completed, they told us this was done annually and was next due in June 2017. We did not look at the survey results from 2016.

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.

During our inspection we saw entries in a person's daily notes of two incidents which should have been reported to CQC. When we spoke with the registered manager about this they said they were not aware of the incidents, we asked them to investigate. When we returned for the final day of our inspection the registered manager told us the entry in the daily log was not factually correct and therefore there was no requirement to report either incident. It is important that staff understand the need to ensure all records are an accurate reflection of events. Failure to notify the CQC of a specific incident can result in the registered provider and / or the registered manager being prosecuted by CQC.

Due to the relatively short time frame since the last inspection, we were unable to evidence improvements were truly embedded and standards of care delivery were consistently maintained. Future inspections will seek to evidence a sustained and consistently high level of quality has been achieved and that systems of governance are reflective, transparent and robust. During this inspection we found a number of improvements had been made since our last inspection, however, as evidenced within this report there were still a number of areas where improvements were needed, for example, records and supporting people with limited communication abilities to be involved in making choices. These findings demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There is a requirement for the registered provider to display ratings of their most recent inspection. We saw a poster displaying the ratings from the previous inspection was on display within the home and the rating, along with a link to the CQC report was also available on the registered provider's website.

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
Treatment of disease, disorder or injury	Risks to the health and safety of service users were not always robustly assessed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Systems or processes of governance were not operated effectively to ensure regulatory compliance.
	Accurate, complete and contemporaneous records were not consistently maintained.