

DEMA Residential Homes Limited

Priory Care Residential Home

Inspection report

11 Priory Road
Cottingham
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Tel: 01482842222

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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

This inspection took place on 11 July 2016 and was unannounced. The service was registered with a new provider in September 2015 and this was the first visit since its registration. The registered provider recently purchased this service and were aware of a number of shortcomings, which are reflected in this report. We found there was on-going work to up-grade the service and improve the quality of care.

Priory Care Residential Home is registered to provide accommodation and personal care to up to 25 people. The service supports older people, some of whom may be living with dementia and people with a physical or sensory impairment. The service is located in Cottingham, in the East Riding of Yorkshire and close to the city of Hull. At the time of this inspection there were 20 people using the service.

The registered provider is required to have a registered manager and the manager in post was registered with the Care Quality Commission (CQC) in September 2015. 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.

There was a lack of maintenance certificates and risk assessments in place, which meant the registered provider could not assure us that the premises and equipment used by the service was properly maintained. There was on-going building work within the service, but some areas of the premises were not clean, well maintained and did not maintain standards of hygiene appropriate for the purpose for which they were being used. There was a major refurbishment of the service taking place. The majority of the people and relatives we spoke with said they were confident that things in the service were improving. Staff were optimistic about the future of the home and felt the registered manager would drive forward the necessary improvements needed to ensure the service met people's needs.

The recording, administration and return of medicines was not being managed appropriately in the service. People said they received their medicines on time and when they needed them, but we found that staff practices for medicine management were not robust.

People's nutritional needs had been assessed and they told us they were satisfied with the meals provided by the home. However, the dining experience of people living with dementia could be improved as there were no picture menus and the lack of visual prompts meant they found it more difficult to make a choice about what they wished to eat each day. We have made a recommendation in the report about this.

The care and treatment of people using the service did not always meet their needs. People told us that they were often bored and lacked stimulating and interesting social opportunities to keep them engaged and occupied.

People spoken with said staff were caring and they were happy with the care they received. We saw

appropriate moving and handling techniques used to assist people with their mobility and people were satisfied that their privacy and dignity was maintained at all times. However, we found that there was little documentation about the support of people receiving end of life care. We have made a recommendation in the report about this.

The registered provider failed to notify the CQC about Deprivation of Liberty Safeguard applications which had been authorised by the supervisory body. They had also failed to ensure that where a person lacked mental capacity to make an informed decision, or give consent, that staff acted in accordance with the requirements of the Mental Capacity Act 2005 and the associated code of practice.

There were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of safeguarding vulnerable adults procedures.

Quality assurance and record keeping within the service needed to improve. There was a lack of auditing within the service. We saw evidence that care plans, risk assessments, food / fluid charts, turn charts and end of life plans were not always accurate or up to date. This meant that staff did not have access to complete and contemporaneous records in respect of each person using the service, which potentially put people at risk of harm.

Improvements were needed to the number of staff on duty to meet the needs of people who used the service. People and staff commented that the levels of staff on duty fluctuated on a daily basis and this was also evidenced in the staff rotas. We have made a recommendation in the report about this.

The recruitment files of new and existing staff members did not always contain the necessary employment safety checks required to ensure staff were fit to work with vulnerable adults. The registered manager was updating the files at the time of our inspection. We have made a recommendation in the report about this.

Staff told us that they felt supported by the registered manager, but we found no evidence of supervision records and some staff said they had not received formal supervision. We have made a recommendation in the report about this.

There was a complaints form on display in the entrance hall but no evidence of a policy and procedure for people to view. We have made a recommendation in the report about this.

During our inspection we found breaches of regulation in relation to premises and equipment, safe care and treatment, person centred care, need for consent, good governance and notice of incidents. You can see what action we told the registered provider to take at the back of the full version of this 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 safe.

The maintenance of the premises and equipment used by the service was not effectively managed and this impacted on the safety of people using the service. The recording and administration of medicines was not being managed appropriately in the service.

Improvements were needed to the number of staff on duty to meet people's needs and to the recruitment process used to employ new staff.

There were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of safeguarding adults procedures.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's nutritional needs had been assessed and they told us they were satisfied with the meals provided by the home. However, improvements to the dining experience of people living with dementia were needed.

The staff lacked knowledge and skills with regard to the Mental Capacity Act 2005 and the documentation of decisions made in people's best interests needed to improve.

There was on-going building work to refurbish the ground floor, but some aspects of the environment within the service were impacting on the quality of life for people and required improvement.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service had failed to notify the CQC about Deprivation of Liberty Safeguard applications which had been authorised by the supervisory body.

Requires Improvement ●

Is the service caring?

Some aspects of the service were not caring.

The care and treatment of people was not always person centred. However, we observed kind and caring approaches from the staff team.

People's privacy and dignity were respected and staff were overheard speaking with people in a kind, attentive and caring way. There were positive comments from people and relatives about the staff team.

Requires Improvement ●

Is the service responsive?

Some aspects of the service were not responsive.

The complaints system within the service needed to improve. There was a complaints form on display in the entrance hall but no evidence of a policy and procedure for people to view.

People's care plans did not always clearly describe their needs. We saw no evidence to suggest that people were not receiving the care they required, but judged that the care provided was not well recorded.

Some people had little or no access to stimulation or social interactions on a daily basis. This left people bored or sleeping most of the day.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well-led.

We found that there was a quality assurance system in place but it was not always effective. Record keeping within the service needed to improve. We saw evidence that medicine records, care plans, risk assessments, food / fluid charts and end of life plans were not always accurate or up to date.

There was a major refurbishment of the service taking place. The majority of people and relatives we spoke with said they were confident that things in the service were improving. Staff were optimistic about the future of the home and felt the registered manager would drive forward the necessary improvements needed to ensure the service met people's needs.

Requires Improvement ●

Priory Care Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 11 July 2016 and was unannounced. The inspection team consisted of two adult social care (ASC) inspectors.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. As part of the inspection process we contacted the East Riding of Yorkshire Council (ERYC) Contracts and Monitoring Department and ERYC Safeguarding Team who informed us that there had been a recent monitoring visit due to concerns raised with CQC and shared with ERYC. A number of recommendations had been made in their report.

We asked the registered provider to submit a provider information return (PIR) prior to the inspection and this was returned in June 2016 within the given timescale. The PIR 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.

At this inspection we spoke with the finance manager and the deputy manager. We also spoke with three care staff and then spoke in private with two visitors and two people who used the service. We observed the interaction between people, relatives and staff in the communal areas and during mealtimes. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time in the office looking at records, which included the care records for three people who used the service, the recruitment, induction, training and supervision records for four members of staff and other records relating to the management of the service. We asked the finance manager to send us copies of the maintenance certificates within 48 hours of the inspection. We received some of the information asked for but not all.

Is the service safe?

Our findings

The service was not safe.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. We were given access to the records for accidents and incidents which showed what action had been taken and any investigations completed by the registered manager. However, not all health and safety risks were being monitored.

We asked to see the maintenance certificates for the premises and equipment which would indicate that the registered provider was ensuring they were fit for purpose and maintained to a safe standard. We were told the certificates were not on site but that these would be sent to us within 48 hours of the inspection.

We saw that documentation for the daily, weekly and monthly health and safety checks to be carried out by the maintenance person had recently been set up in a folder. These checks included water temperatures and we saw that some had been carried out but not all.

We saw that there was a trip hazard in the main lift. When the lift was called to a floor it did not line up with the floor level of the building and there remained a small step up to get out of the lift. As there were a number of people using the building who had poor eyesight, poor mobility and impaired mental health this meant it was possible that people could catch their foot as they exited the lift and fall. This was discussed with the finance manager during the inspection who said it would be risk assessed straight away.

We were sent evidence of the certificates for gas safety, emergency lighting and the fire system after the inspection and these were satisfactory. However, the fire risk assessment we were sent was just a one page checklist and not a robust risk assessment for the building. The Portable appliance testing (PAT) sheets were very basic and were not dated. We received no evidence of a five year electrical wiring certificate, lift certificate, hoist and LOLER (Lifting Operations and Lifting equipment regulations) certificate or legionella certificate. The lack of these certificates indicated that the premises and equipment may not have been maintained appropriately and this potentially put the people using the service and working in the service at risk of harm.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had received a complaint from the family of a service user in June 2016 that there was no call facility in their relative's bedroom throughout the night so they were unable to alert staff when they needed assistance. During the inspection we checked the rooms on both floors and found eight bedrooms on the ground floor either had no cord attached to the nurse call system or the cords were there but not plugged in. This meant people were not able to easily use the nurse call system to alert staff when they needed them and this put people at an increased risk of harm. We did not see any risk assessments or capacity assessments in people's care files to say if the person had the ability to use the call bell.

People told us that they received their medicines on time and when they needed them. Staff told us that only senior staff administered medicines to people using the service. When asked what training they had regarding medicines management they said they had a pharmacy booklet and had completed a two day training course. However, they also said they had not had a competency check carried out for a long time. Competency checks are visual observations of a person's practice and a written feedback sheet completed by a suitably qualified person such as the manager; they are carried out to ensure staff practices meet the standards required by the registered provider and current legislation. During our checks of the medicine system we found there were unsafe practices with regard to the recording, administration and return of medicines used in the service.

We found that care staff were working in very poor lighting in the medication room on the ground floor. Due to the on-going building work the main light had been disconnected and staff were working by the light of a small table lamp. This made visibility at the far end of the room very poor and it was difficult to read the documentation. This increased the risk of errors being made.

The care staff informed us that no one using the service self-administered their own medicines either through choice or due to their cognitive impairments. We saw there were risk assessment forms in people's care files for self-administration of medicines, but on one example we saw the form had been completed but there was no date or signature from the person who had completed it. This indicated the risk assessment process was not robust or being monitored as part of quality assurance and staff could not be sure that this information was current.

Medicines that required storage at a low temperature were kept in a medicine fridge. However, the temperature of the fridge and the medicine room were not being checked daily as the last recorded temperature was dated 2 June 2016. This indicated that staff were not monitoring or keeping up-to-date records to demonstrate that medicine was stored at the correct temperature. We looked at the medicines kept in the fridge and found two boxes of eye drops that belonged to a person who no longer used the service. These should have gone with the person when they left the service or staff should have put them in the returns container to be destroyed by the pharmacy. These poor practices could potentially put people at risk of harm.

We looked at a selection of medication administration records (MARs) for the people who used the service. We saw evidence of poor recording on a number of these. For example, staff were not recording the quantities of medicines received into the service or held in stock. Where medicines were brought forward from previous MARs there was no documentation of how much medicine was available. This meant staff could not easily audit the stock levels in the service to see if medicines were being administered appropriately.

We saw one example of a medicine that should be given early in a morning and two other examples of medicine that should be taken 30 to 60 minutes before food. However, when we asked the senior staff on duty they told us that these medicines were administered at the same time as all the other morning medicines. This meant people were not receiving their medicines as prescribed. Medicines were also being recorded as administered at Breakfast time, Lunch time, Tea-time and Evening/Night time. This meant there was no record of the time these were administered. As some people started their lunch at 11:30 this could mean the gap between the breakfast and lunch time medicines was not sufficiently spaced to make the medicines effective.

We saw three hand written MAR sheets where staff had not recorded essential information such as the person's GP, the start date of the medicine course, the name of the service and personal details about the person using the service. The hand written medication entries did not follow best practice, such as having

two staff to sign each entry to show that they had checked that what they had written on the MAR matched the information from the pharmacy label on the medicines received from the pharmacy. This meant people were put at increased risk of medication errors as essential information and safety checks were missing from their MARs.

The practice for the return of unwanted medicines to the pharmacy supplier was not safe. There was a box of medicines waiting to be returned to the pharmacy on the floor of the medication room. This was not locked away so was accessible to anyone entering the room. Only one staff signed the returns book to say what medicines and quantities had been put into the box, a second staff member signed when all medicines were counted for return to the pharmacy. As there were no quantities recorded on the MAR sheet there was no way to audit that the amount of medicine put into the box was correct and if the second count showed any errors. This left the first member of staff at risk of allegations of medicine mishandling. We spoke to the deputy manager about our concerns during the inspection and they said they would speak to the senior staff and ensure they changed their working practice immediately.

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

We asked people who used the service and relatives if they felt there were enough staff on duty and if staffing levels ever impacted on their quality of life, such as having to wait for care or not being able to attend activities.

One visitor said "Often there is only one member of staff on duty upstairs and sometimes none. The younger staff do not have as much training as they need. One member of staff was in tears one day saying they could not cope on their own." One person said, "Most of the time there are enough staff on duty, but not always. Sometimes they seem to be short of staff."

The finance manager said that there was no dependency tool in use to determine the levels of staff needed to meet the needs of people who used the service. We were told the service worked with two or three care staff at night and four or five care staff during the day. No agency staff were used and we were told by the finance manager that existing staff covered any gaps in the rota. At the time of this inspection there were 20 people using the service, nine of whom were living with dementia.

We looked at three weeks of 'off duty' from 4 July 2016 to 25 July 2016 and saw that the staffing levels varied over the 21 days from the levels given above. On nine occasions there were five staff on duty during the day, on four occasions there were five staff on duty in the morning and four in the afternoon, on four occasions there were only four staff on duty during the day shift and on three occasions the levels dropped to four staff for the morning and three for the afternoon. On only one of the 21 days on the rotas was there three staff on duty at night. This meant that from 8pm there was usually only two staff to ensure people were settled in bed had their medicines administered and received checks and turns during the night. Care staff on day duty also had to carry out activities, sort out the tea-time meals and administer medicines and attend to any professional visitors as well as meeting people's care needs.

Our observations of the service showed that on the day of inspection there were five staff on duty all day, which meant people received the care they needed and the staff had some time to carry out activities, however people and staff said this was not the case every day. Discussion with the finance manager indicated that the registered provider was recruiting more care staff to ensure there were sufficient to meet the needs of the business. Staff told us, "There are two staff on the dementia unit during the day. At one time there were not enough staff on duty, but it is better now," "There are enough staff for the number of people

using the service. Sometimes it is difficult to fit activities in" and "There are enough staff on duty. The refurbishment is not causing any difficulties."

We recommend that the service considers current guidance on the use of a dependency tool, and uses this information to ensure sufficient staff are always on duty to meet the needs of people using the service.

Some of the care staff who worked at Priory Care had transferred to the service from the registered provider's other service in nearby Hessle. Other staff had moved over from employment with the previous owner of the service in 2015. We looked at four staff files as part of our inspection and found that there were some anomalies in the staff records, with some records being held at the sister service and others relating to the staff employment by the previous registered provider.

Three files showed that references were obtained before staff started work, but one file did not contain any references. The finance manager told us that these would be at the sister service as they were still in the process of moving files over. One staff file had an appropriate DBS in place and another file showed the employee had a portable Disclosure and Barring Service check (DBS), which can be used between different employers. However, two other files held 'fixed' DBS checks carried out by old employers not related to the service at all. This indicated the registered provider had not audited the staff files after purchasing the service. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with people who use services. The finance manager said the registered provider was in the process of updating all the DBS checks for staff and these two members of staff would be on the list to be redone next month. As we could see that work was taking place to update the staff files we have not made this a breach of regulation.

We recommend that the service audits all the staff files to ensure the appropriate checks have been carried out to ensure staff are fit to work with vulnerable adults.

The finance manager spoke with us about the registered provider's business continuity plan for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan was very basic and did not fully identify the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. However, the finance manager said this was being updated by the registered manager. Personal emergency evacuation plans (PEEP's) were in place for people who would require assistance leaving the premises in the event of an emergency. These were located in people's care files and on their bedroom walls.

The registered provider had policies and procedures in place to guide staff in the safeguarding of vulnerable adults from abuse (SOVA). We checked the information we held about the service and looked at the safeguarding file in the registered manager's office. We noted that there had been three safeguarding alerts made in the last twelve months. These had been investigated by the ERYC safeguarding team during their monitoring visit in June 2016 and the registered provider had worked with them to resolve the issues raised. We spoke with staff about their understanding of SOVA. Staff were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse.

Staff said "If someone is agitated you can distract them, but it is more about experience than training. What we do is not always in the care plan but you know what works with people." Staff were able to clearly explain about the different types of abuse they may encounter and were confident that any issues raised with the

registered manager would be dealt with properly. They understood about the local authorities' threshold tool and the criteria for making an alert. The staff told us that they had completed SOVA training in the last year and this was confirmed by their training records.

Is the service effective?

Our findings

The service was not 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). 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. Records showed that eight people who used the service had a DoLS in place around restricting their freedom of movement. However, when we checked our records held about the service we found that the registered provider had not notified us about any of the DoLS authorisations. We spoke with the finance manager about this during the inspection and will be writing to the registered provider following our inspection.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We found that staff had not received appropriate training on management of distress and anxiety and use of restraint. We raised concerns with the finance manager about restraint being used in the service. We had seen information in care plans recording staff were holding the hands of people during personal care giving without any evidence that a Best Interest Meeting had been held or signed consent obtained from a lasting power of attorney. A Power of Attorney is a person appointed by the court or the office of the public guardian who has a legal right to make decisions within the scope of their authority (health and welfare and / or finances) on behalf of a named person.

We spoke with the staff on duty about the Mental Capacity Act 2005 (MCA) and found they had a basic knowledge of the subject but did not recognise that some of their actions could be classed as a form of restraint as staff told us they had to gently hold some people's hands when giving personal care. One member of staff told us, "We did MCA quite a while ago and DoLS more recently. The training was not really useful as it was more about completing paperwork than putting theory into practice. I have not had any training on challenging behaviour or restraint."

The instructions for staff on managing people's anxieties and behaviours were not always clearly documented in the care plans. For example, one care plan for a person who lacked capacity said this person was usually compliant with personal care but then records showed they had hit out at staff on a number of occasions and two entries stated "Staff held their hands as grabbing at staff." In April 2016 the records showed that staff had made a best interest decision to give the person a shower even though the entry said

"...one staff needed to gently hold [Name's] hands at one point to prevent injury to [Name] and staff." Following the inspection we were sent a copy of notes recorded by the registered manager indicating the holding of this person's hands had been discussed with their family. It did not highlight what was agreed at the meeting and there was no signature from the family on the notes.

On another occasion the registered manager had made the 'best interest decision' that staff should cut one person's finger nails, even though their care plan stated "[Name] expressed a dislike to having nails cut by hitting out and being very noisy." On the same day that this decision was made there was also an accident form completed by staff which indicated they had caused a small cut to this person's hand whilst cutting their nails. Although the injury was a minor one we judged that decisions were either being made by the registered manager without appropriate consultation with families or health care professionals involved in the person's care, or there was a lack of appropriate documentation to show who had been involved in the decision making process.

Another care file gave staff conflicting information about whether the person had capacity or not, with one form saying they lacked capacity and another saying they had capacity. The person had signed a consent form, but it was unclear from the information if they knew what they were signing as nothing had been filled in on the form to show what the person was signing consent for.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider was in the process of refurbishing the whole service. The first floor had been completed, but the ground floor was still in the middle of building works. Bedrooms on the ground floor were at the opposite end of the building to where the building work was taking place. One person said, "I am not disturbed by the building work very much, there is nothing to complain about."

We found that some areas of the building required attention, these may have been picked up as the refurbishment progressed but they were currently having a minor impact on people's lives. We noted that the wooden ramps at the French windows on the ground floor were flimsy and damaged making it more difficult for people with mobility problems to exit the service. The dining tables on the ground floor had damaged surfaces making them difficult to clean effectively.

Four bedrooms on the ground floor were being refurbished and the corridor outside two bedrooms was uneven and a trip hazard. One bedroom we looked at was occupied but the main light was not working and another room had no wall light. Four bedrooms downstairs had stained carpets and were odorous despite regular cleaning. One bedroom had no en-suite and no hand wash basin in the room, another bedroom had an en-suite toilet that was not working although a commode had been provided. Two other bedrooms had missing seats to their en-suite toilets.

There was a bathroom at the end of the ground floor corridor. It had a very small bath with a shower over it. We were told this facility was not used, but it did not have the door locked or an 'out of use' sign on the door. One bathroom had a faulty wash basin and there were three wheelchairs stored in this facility which made access difficult. The radiator in the bathroom was rusty.

Staff said, "The toilets on the ground floor are not easy for people to find, it is a bit confusing at the moment with all the work going on" and "It is difficult at the moment on the ground floor, but will be much better once the building work is completed."

The upstairs unit was dementia friendly, but a long narrow corridor may have been problematic to people experiencing distress as it brought them into close proximity with others using the service; there was little room for two people to pass each other easily especially if they used mobility aids. The bedrooms on the first floor were provided with dementia friendly furniture and furnishings and there was good signage to the lounge and dining room.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The finance manager told us that staff had an induction which included one day of going through policies and procedures and spending time with the registered manager or senior care staff to go through health and safety issues such as fire points and exits. We were given some of the completed paperwork to look at.

There was a rolling programme of e-learning training available and staff were assigned courses as they became due for refresher training. Staff had the opportunity to enrol for a Qualifications and Credit Framework (QCF) Diploma in care. We were told that all the staff had the QCF certificate or were completing this training. One member of staff said, "I have done my National Vocational Qualification Level 2 in care and on-line training courses in safeguarding adults, moving and handling, health and safety, nutrition, dementia care, documentation and communication and first aid." We were shown certificates of training, which indicated all staff had attended training that the registered provider deemed to be mandatory or essential for their roles.

We asked staff if they received good support and regular supervision meetings and they told us, "I feel supported and any concerns we raise are listened to. For example, we raised concerns about the staffing levels as having two floors to look after made a big difference. However, I have not had any supervision since coming to Priory Care" and "I feel supported and if I had any concerns I would go to one of the senior care staff. I have just had my one-to-one meeting for supervision." We did not find any records of supervision in the service and the finance manager told us that these would be held at the sister service.

We recommend that the service consider current guidance on the frequency of supervisions and take action to ensure records of supervision and appraisal are available for inspection.

There was a lack of choice at mealtimes. However we saw nice snacks being offered mid morning and afternoon and there was evidence in the care plans that people were putting on weight. There were no menus on display and we were told by the finance manager that picture menus were being developed. There were some pictures of food available, but these were separate to the menus. The lack of visual prompts meant people living with dementia found it more difficult to make a choice about what they wished to eat each day. We were given a copy of a two-week menu that showed there was one main meal option each lunch time and a dessert, with soup and a lighter meal and dessert at tea-time. The menu did not include any alternative meals or supper options.

Entries in the care files we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing / eating problems. We asked staff how they knew about people's special dietary needs and they told us, "It is on their care plans and we can see the information on the computer when we do the daily notes. Some people are diabetic and they need less sugar in their diets. Most people have snacks in a morning and afternoon and at supper time. There is a wider choice of snacks now than in the past."

We received a mixed response when we asked people about the quality of the meals. One person said, "The

food is quite good, but not as good as it used to be. It is not often there is a choice, you just get what there is. The meal just arrives, they used to ask what we wanted but they don't now. I have no idea if they would prepare an alternative. Staff used to make me a drink during the night, but I think this has stopped." One visitor said "Small portions at lunchtime, but [Name] is on supplements due to their low weight. Staff weigh them weekly." They went on to say, "Just given their meal, it is not covered. People's hands are not washed before their meal." However, another visitor told us, "[Name] enjoys fresh foods. They had lost weight before admission, but they are gaining it back now. I am quite happy with the meals they are given."

Our observation of the lunch time meal found that attention to people's dementia needs had been taken, in that coloured crockery and beakers were used at meal times. People with sensory impairment find the bright colours easier to see and recognise items more readily. In the first floor dining room we saw two staff assisting four people with soft diets, this meant each member of staff had to share their support between two people at the same time which was not ideal. Four other people needed no assistance. People were prompted verbally by staff to encourage them to eat their meals and wherever possible staff promoted people's independence with eating and drinking.

We recommend that the service considers carrying out observations of the dining experience within the service, with a view to improving the mealtimes for everyone using the service.

When we asked people if staff had the right skills for the job we were told, "More or less." One visitor said, "I am well informed if [Name] gets up in the night." Another visitor said, "The staff are the right kind of people to look after [Name]. I have confidence in them." We asked people how easy it was for them to access their GP and one person told us, "I suppose the staff would call them if I needed them. The staff have contacted them a couple of times regarding my not sleeping at night." Evidence of the input from health care professionals was recorded in the electronic files held for each person. We saw that people received input from their GPs, district nursing teams and the chiropodist as required.

Is the service caring?

Our findings

People told us the staff cared about them, one person said, "Yes, most of them [staff] here care. I feel they look after me. Some care more than others." Two other people said, "Care so far has been very good. I have no concerns" and "Staff are reliable, I like it here and cannot think of anything I would wish to change." One visitor said, "[Name] has a sensor pad and staff see to them during the night. I feel the staff really care about the people here."

The registered provider had a policy and procedure for promoting equality and diversity within the service. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files. Care files also contained information about people's preferences for personal care such as if they wished male or female staff to look after them. However, we have already written in the effective section of this report about our concerns regarding care of people living with dementia and management of those people with anxious or distressed behaviours. We also observed that care of people with dementia at meal times could be improved.

During our observations around the service we saw evidence of good interactions between people and staff. Staff showed an interest in what people were doing and engaged them in conversations. We asked people how well the staff communicated with them and one person said, "I am sure the staff talk to me about things, but I am not very good at remembering things. It is difficult to understand some of the staff."

Some people told us they were not getting baths and showers as often as they would like. One visitor said "[Name] gets a shower twice a week, but they used to have one daily at home." However, others were more positive and said, "I hardly ever use my call bell as I can do some tasks independently. Staff will help me get a bath and they are very good." Staff told us, "We offer people a choice of a bath or shower and show them a selection of clothing to choose from."

One person using the service was receiving end of life care. We saw they had equipment in place to make their daily life as comfortable as possible, such as a pressure relieving mattress. However, we found that there was no end of life care plan in place. The computer system had highlighted this in Amber to show the staff that this was overdue, but it had not been completed. Although staff told us this person was on end of life care they were unable to tell us when this decision was made and we saw no documented evidence of this decision. Our visual observations of this person indicated they were hydrated, comfortable and not in pain, this indicated they received appropriate care to ensure their needs were met.

We recommend that the service seek advice and guidance from a reputable source about, the documentation of and support required by, people on end of life care pathways.

Staff told us that it was important to promote people's independence although often this meant tasks took more time. They told us, "We encourage people to mobilise and eat unaided where possible." One member of staff said, "I care about the people here. If we have new staff and I had any concerns about their work

practice, I would speak with the senior on duty especially if I didn't think they were right for the job."

People were able to move freely around the service; some required assistance and others were able to mobilise independently. We saw that people who needed equipment to help them move from place to place were spoken with by the staff before, during and after the procedure to make sure they understood what was happening at all times. One person said, "I can find my way around the service as I have been here about a year and I know where everything is."

We asked people if staff maintained their privacy and dignity during care tasks and one person said, "More or less. The staff are very good with me." We observed staff being discrete when talking with people about personal support during the day and assistance was offered quietly and in a professional manner. We asked staff how they supported people, but maintained their privacy and dignity. They told us, "We take people to the shower in their dressing gowns. When giving care we protect their modesty with towels and ensure curtains and doors are closed" and "Bathrooms have frosted windows and we make sure no one comes into the shower room when people are using it. Staff always knock before entering rooms."

Staff told us, "Male care staff only assist males with personal care. Staff discuss privacy and dignity with those people who have capacity and abide by their personal wishes." The staff said that they encouraged people to be as independent as possible, but the male staff would shave the gentlemen who asked them to as most liked a good shave and appreciated this assistance.

We asked the staff how they got to know about people's individual needs and they told us, "There is maybe not enough information gathered about their life history. If families do not visit it is difficult to get this information. Some people do not get visitors" and "I look at the care plans but it is better to speak to them or their relatives. One person likes rugby so I make sure it is on their radio and I remind people when the football is on." One member of staff said, "We look in the care plans. Some relatives have brought in photo albums and items for the memory boxes."

We found no information about advocacy on display and there was no suggestion box for people to use, but the finance manager said this information would be available from the registered manager on request. An advocate is someone who supports a person so their views and their rights are upheld. Advocates are independent and not connected to the care staff or service that is involved in supporting the person. Those people who spoke with us said they did not use independent mental capacity advocates (IMCA) as they were either capable of speaking up for themselves or had a member of their family who acted in this capacity for them.

Is the service responsive?

Our findings

The service was not responsive around some aspects of care. We found that people's care plans did not always clearly describe their needs. We saw no evidence that people were not receiving the care they required, but noted this information was not well recorded. The lack of recording had a low impact on the current people using the service as staff appeared to know their needs and wishes quite well, but it could potentially present a higher risk for any new people coming into the service whose needs were not so well known by the staff group. Please see the well-led section of this report for the action taken regarding records.

We looked at three care files during the inspection. We could see that the registered manager was responsible for completing the care plans on the computer, but not all of these were finished and the information within them was disjointed. For example, a number of care records for one person were blank including their review form, catering form and consent for photo form. Their end of life care plan was not completed and their supplementary care forms were blank. Their 'This is me' form was not completed which meant staff did not have information about their personal history and likes / dislikes. The other two files we looked at were more complete.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. However, on one of the assessment forms we looked at it documented that no one else was present when the assessment and care plans were completed in April 2016. The documentation recorded that the person could make choices using minimal communication such as blinking, hand gestures and vocalisation, but it also indicated the person had advanced dementia and their family member was their advocate. This indicated that people who knew the person well were not consulted about the person's care and treatment prior to their care plans being developed. We asked people if they had a care file and if they had been involved in developing their care plans. One person said, "I don't know. Not that I know of."

Activities were organised by the office administrator and carried out by the care staff. We asked the care staff about carrying out activities and they told us, "On laundry days it is difficult to get activities done as well. Currently it is easier as the service is not fully occupied," "There are suitable activities available, but not always enough staff to do them. People sit in the garden and some families take them out" and "There is no activities co-ordinator, this would be a massive help to the rest of the staff."

We asked people what activities they took part in and if they felt part of the local community. One person told us, "At the moment I do not do anything. My family used to take me out each week, but they have been busy lately. Some of my family do not drive, but they do visit each week. There are no activities and nothing is going on at the moment with all the changes in the service. I have problems with my sight so cannot see the television, but I do listen to audio books. My difficulty is using the CD player." Another person said, "No entertainers, just a little church service once a month. I enjoy that."

We looked at the weekly activity planner and saw that for the day of our inspection activities in the morning

were 'Foot soaks', in the afternoon noughts and crosses and in the evening television. Staff told us that two people had a foot soak and more would be done after the mid-morning drinks round. We noted that there were activity items on the dining tables including twiddle muffs and a volley ball set which used balloons.

Visitors told us, "There is a lack of stimulation, no activities taking place" and "People cannot get away from other people using the service. One person was verbally aggressive towards me, they also hit the staff." One relative said, "I haven't put anything in [Name's] memory box yet, but they do have a memory album to look at. It is their birthday soon and all the family will come in to see them including their great-grand children" and another commented, "I can take [Name] out at anytime. We went out for Cottingham's open gardens."

One person who spoke with us said, "My family are made welcome when they visit me. They like the service and I am well looked after." The staff told us how people were supported to remain in touch with their families. They said, "Only a few will ask to use the telephone and one person has a loudspeaker in their room due to hearing problems." "People can use the telephone to keep in touch as there is one phone upstairs and another on the ground floor. These are portable. There is a skype facility, but no one is able to use this at the moment due to their medical conditions."

The Finance manager said the administrator was in charge of arranging external entertainers to come into the service. Senior care staff and other care staff did the day-to-day activities. Once a month there was an external event or sessions, for example in June 2016 there was a singer who attended the service. Other activities included the boules team going to Haltenprice in April 2016 for an external competition. The service did not have its own transport so people used local taxis or bus services including the community minibus. There were no trips out and there was a church service every six weeks.

We observed staff sat with people, reading to them from magazines and having conversations about things that were of interest to the person such as family and activities. Staff maintained good eye contact with people and listened to what people had to say. We judged that activities were taking place, but not on a regular basis and were dependent on staff having the time and availability to complete the sessions. This meant some people were left bored or asleep most of the day. We spoke with the finance manager about this and we were told that activities in the service were being looked at by the registered manager.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us how they dealt with complaints saying, "If someone had a complaint we would pass it on to the person in charge. Complaints are listened to and acted on."

Comments from people and relatives indicated that they were not fully satisfied with the way the service dealt with issues raised with them. One person told us, "You can speak with the person in the office if you have a complaint, but they usually say you need to speak to the person in charge. I have no complaints, but the service is not as good as it used to be." One relative said, "The registered manager does not listen to your complaint. They just say they have been a nurse for 24 years." However, another visitor said, "The registered manager knows my relative well. I was given the opportunity to ask lots of questions at the time of their admission and I am sure the registered manager would put right any concerns I may have."

The complaints folder documented that there had been two complaints in the last year and both issues had been resolved by the registered manager and senior staff. We saw that the registered manager had met with one family to discuss their concerns about poor care. The meeting minutes documented what was discussed and the agreements reached to improve practices and resolve the issue. The local council had

raised issues about staff smoking in a near by bus shelter and the complaints folder recorded that senior staff had spoken to the staff and the council and the issue was now closed. This indicated that the registered manager had responded appropriately to the concerns raised with them.

In June 2016 CQC had received two complaints from families, which were shared with ERYC commissioning and safeguarding teams and ERYC had carried out a monitoring visit. The registered provider was working with them to resolve the issues arising from the monitoring visit. There was a complaints form on display in the entrance hall but no evidence of a policy and procedure for people to view. It was in the policy and procedure file within the service, but could be made more readily available to people and visitors.

We recommend that the service considers how it can improve its complaints process to ensure people are supported to express their views and that learning from complaints is promoted.

Is the service well-led?

Our findings

The service was not well-led. The registered provider had achieved Investors in People Standard in March 2016, which is a quality assurance award, but we found the quality assurance system in place was not robust and we were given no evidence that audits were taking place. We raised concerns during our inspection that staffing levels, staff supervision, health and safety risks and medicines management were not effective. We noted issues with the dining experience of people using the service and the involvement of people / relatives in the development of care plans. Staff lacked knowledge about mental capacity, although there was some evidence that people with capacity were offered choices in their daily lives. These areas were judged to have a minor / moderate level of risk to people using the service and a low / medium impact on people's health and wellbeing.

Record keeping within the service needed to improve. We saw evidence that medicine records, care plans, risk assessments, end of life plans and food /fluid records were not always accurate or up to date. This meant that staff did not have access to complete and contemporaneous records in respect of each person using the service, which potentially put people at risk of harm.

We were told that satisfaction questionnaires had been sent out and completed but there were none on site. Following the inspection we were sent some copies of those completed in December 2015, but these did not evidence that the comments had been analysed or if action had been taken to address the feedback. Relatives had commented that, "The appearance of staff is smarter and looks more professional. Rooms are clean and tidy", "[Name's] room is cold in the afternoon" and, "The toilet near our relative's room is broken so they have to cross the stairway to reach the next one. As they are frail we are concerned they will fall." Other people had said, "The home looks less cluttered and generally cleaner" and, "All the staff are friendly and helpful."

We asked people how they were involved in the service and if they felt their opinions and viewpoints were listened to. One person said, "Not really, things have been difficult as the service changed hands recently." Another person told us, "I have noticed a difference with the new providers. Not as good or particular as the old ones. My room is being refurbished and I have had to move to another room which is not as nice as my old one."

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

There was a registered manager in post who was supported by a deputy manager and an office administrator. The registered manager was also the registered provider and they took over the service in September 2015. They have over 30 years of experience in running care services and had started a major refurbishment of the service, which was still on-going at the time of this inspection. The sheer scale and size of the changes taking place was one of the reasons given for some of the issues we have noted in this report. The majority of people and relatives we spoke with said they were confident that things in the service were improving. Staff were optimistic about the future of the home and felt the registered manager would drive forward the necessary improvements needed to ensure the service met people's needs.

We asked if people felt they could speak with the manager and were told, "I have spoken with the lady in the office, but cannot remember her name. They are always very nice" and, "The atmosphere in the service is friendly, as good as anywhere else. I would like more to do though."

Staff told us that they had attended three staff meetings and were able to express their views at the meetings. However, they had not had any meeting minutes distributed to them. They said, "There has been about three or four meetings since August 2015. Staff are asked for their opinions on things and staff are happy to say what they think."

In February 2016 there was a staff meeting with discussions held on work topics and refurbishment of the building. We saw evidence that staff had another meeting in March 2016, there was an agenda for this meeting but no written notes of what was discussed.

The finance manager told us that the registered manager intended to carry out relative and resident meetings every four months with times varying from during the day to evenings and weekends to allow everyone a chance to participate. These had yet to take place.

We asked staff about the culture of the service and they apologised to us for the current premises and service. They told us, "Downstairs is not very nice as it is very old fashioned. The upstairs is much better now it has been refurbished. The service is friendly and staff share information really well; there are always notes for handover." Staff also said, "People often tell us they like the atmosphere of the service and that it is open and honest." Staff were confident that if they had to raise any concerns with the registered manager then the information discussed would be kept confidential and handled professionally.

Staff felt that the registered manager should delegate more responsibility to the senior staff. Staff were not part of the development of the care plans although they did add in information to the food and fluid charts and completed daily notes. Staff said they were kept up to date with any changes in the service through meetings and daily handover notes. They told us, "I think the service is well-led. If we have any problems we can always go to the registered manager."

Staff said they felt listened to. One staff member said they had received supervision at the service and this was a two way process where they could voice their opinions and received feedback about their performance and work practice. Another member of staff told us, "The registered manager definitely listens to you. The service is well managed considering the progress that has been made since the new provider took over. There have been a lot of new staff starting in the last few months; existing staff know the people well." We asked staff if learning from events took place and they told us, "If there has been an accident, the registered manager will ask why it happened and then put things in place so it doesn't happen again."

We saw that there was a lot of work and changes going on in the service, which meant there were a number of areas that need improvement and further development. The registered provider was also the registered manager and they were able to make instant decisions about the service. As the registered manager was not on duty at the time of our inspection we were unable to ask them whether they had an overall action plan.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider failed to ensure that people who used the service received care and treatment that met their needs and reflected their personal preferences.</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider failed to ensure that where a person lacked mental capacity to make an informed decision, or give consent, that staff acted in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.</p> <p>Regulation 11(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The recording, administration and return of medicines was not being managed appropriately in the service.</p> <p>The registered provider failed to ensure that the call bell equipment was properly maintained and used correctly and safely.</p> <p>Regulation 12(1) (2) (d) (e) (g)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>There was a lack of maintenance certificates and risk assessments in place, which meant the premises and equipment used by the service was not properly maintained.</p> <p>Some areas of the premises were not clean, well maintained and did not maintain standards of hygiene appropriate for the purpose for which they were being used.</p> <p>Regulation 15</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of systems and processes being operated effectively, which did not ensure compliance with the regulations.</p> <p>The registered provider failed to maintain an accurate, complete and contemporaneous record in respect of each person using the service. Including a record of the care and treatment provided to the person using the service and of decisions taken in relation to the care and treatment provided.</p> <p>Regulation 17 (1) (2)</p>