Priory Education Services Limited

Priory Radstock Satellite

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: The Priory Radstock Satellite is a residential care home that was providing personal and nursing care to five adults with a learning disability at the time of the inspection.

We undertook an unannounced focused inspection on 15 February 2019. This inspection was undertaken due to whistleblowing concerns we had received. This report only covers our findings in relation to those concerns.

People's experience of using this service:

A culture had developed at the service where staff did not always have professional boundaries and some staff did not understand the impact their conversations could have on people. People were, however, supported to receive care and live their lives in the way they wanted.

We found shortfalls in leadership and oversight of the service. Staff could not be sure they were consistently told about events in people's lives which were important. Information in care plans and risk assessments was not always updated; staff may not always have had accurate information.

Staff received supervision but not always with the same person which meant the culture that had developed amongst some staff had not been identified and addressed quickly.

Systems and processes to monitor the effective running of the service had not been operated consistently. Records were disorganised and some audits and information could not be found.

Rating at last inspection: Good (report published 17 October 2017).

Why we inspected: We inspected following concerns raised to us by staff who worked at the service.

Enforcement: We found one breach of The Health and Social Care Act Regulations (2014). Further information is at the end of the report.

Follow up: We will ask the provider to send us a report setting out how they will improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Priory Radstock Satellite

Detailed findings

Background to this inspection

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

The inspection was prompted by whistle blowing information about the service.

The inspection team consisted of two adult social care inspectors.

Service and service type: The Priory Radstock Satellite is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

What we did: We reviewed information we had received about the service since the last inspection in September 2017. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection we spoke with two people living at the service and five members of staff, including the manager and deputy manager. We reviewed two people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Requires Improvement

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns raised by whistle blowing about safety at the service.

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

• Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

•Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.

•However, the staff culture that had developed and the current lack of an identified staff member with responsibility in post could lead to safeguarding concerns not being promptly identified or reported.

Assessing risk, safety monitoring and management

•Risks to people were assessed thoroughly and detailed plans were in place to reduce risks. However, these were not always reviewed regularly. One person's risk assessment had not been updated despite their risks in some areas having reduced.

•There were detailed plans in place to support people with behaviour which challenged and help them stay safe.

•People were supported to take positive risks to increase their independence.

•Not all radiators at the service were covered to reduce the risk of burns. We recommend that that risks of burns from hot surfaces are assessed and action taken in line with the relevant Health and Safety Executive published guidance.

Staffing and recruitment

•Staffing numbers were kept at the level deemed safe by the provider.

•The provider followed safe recruitment processes to ensure staff employed were suitable for the role.

•However, some staff had not always maintained professional boundaries which, in one case, had caused distress to a person who used the service.

Using medicines safely

•□Medicines were obtained, stored and disposed of safely. However, there was overstocking of one medicine which we raised with the registered manager. We recommend the extra stock be returned to the pharmacy.

•□People received their prescribed medicines from staff who had been trained. However, systems in place did not always identify missing signatures on medicine administration records.

Preventing and controlling infection

•□The service was clean and smelt fresh throughout.

Learning lessons when things go wrong

•□Staff completed incident forms when incidents or accidents occurred. The registered manager undertook investigations following the reporting of incidents. However, due to a lack of oversight of the service we could not be sure all incidents were reported.

Requires Improvement

Is the service well-led?

Our findings

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

•Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

•The current structure meant there was a lack of an identified person who had overall responsibility and oversight of the service. The registered manager also had responsibility for other services across the organisation. The registered manager was supported by an assistant manager. Neither of these managers were based at the service. The day to day running of the service had been overseen by a deputy manager and team leader. At present there was no deputy manager in post and two team leaders had been responsible for day to day management of the service.

•Care plans and risk assessments were not always regularly reviewed. There were no regular audits of care plans and risk assessments. An audit had recently been carried out which identified actions needed to update care records. However, the target date for completion of all updates was 10 February 2019, after our visit. The timescale had not been realistic and there was no nominated staff member to carry out the updates.

•Records were not held systematically or in an organised fashion. This meant records could not always be found or located. For example, handover checklists could not be located for December 2018. For the 14 days before our inspection only nine handover checklists were present.

•The systems in place to monitor and review the quality of the service were ineffective. A recent medicine audit could not be found. The medicine audit for January had not been completed and potential medicine errors had therefore not been identified.

•There was a lack of robust systems in place to check day to day operations such as people's finances and completion of records. The staffing structure meant there was poor oversight of these systems and records. Handover checklists we reviewed evidenced that checks were not always completed.

•Systems in place to communicate information for staff were not effective. For example, the handover checklist was not accurate or complete. Staff regularly did not sign for items completed. Therefore, the registered manager could not identify responsibility for particular tasks on a specific day.

•Staff told us they had a verbal handover when they started their shift. However, as staff started at different

times there was a risk that information would not always get verbally communicated to staff. Other communication records for staff to refer to were not always completed. Key information was not formally communicated. This meant that staff may not be consistent in the information shared with people living at the service.

•There was evidence that a culture had developed where some staff had not always adhered to professional boundaries. This had resulted in an incident the evening before our inspection which had resulted in emotional abuse of a person living at the service.

•Staff we spoke with understood confidentiality and how this applied to their roles. However, examples were given of how consistency of confidentiality across the staff team had not always been upheld.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•People's one to one support hours were not effectively monitored.

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

•There were no records of how key changes and events within the service had been effectively communicated to people living at the service. However, equality and diversity was actively promoted for people living at the service.

Continuous learning and improving care

•Regular meetings were held with staff.

•Supervision was held regularly. However, staff had supervision with a team leader who they also worked alongside. Staff supervision records demonstrated a lack of consistency of who had completed their supervision. This meant actions, concerns or outcomes may not get revisited or followed through.

•A 'Read and sign' folder was in place to communicate changes and updates to staff about people and the service. This system was not being utilised effectively to communicate key information and changes to staff.

These failures amount to a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance.

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 17 HSCA RA Regulations 2014 Good governance Systems or processes to assess, monitor and improve the quality and safety of the services were not operated consistently. Records were not always completed or updated.