

HC-One Limited

Priory Gardens

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Priory Gardens is a residential care home that was providing personal and nursing care to 42 people at the time of the inspection.

People's experience of using this service:

People told us they felt safe and were happy living in Priory Gardens. Many told us of the improvements they had seen since the previous inspection. They felt staff were knowledgeable and confident in their role and were happy and friendly in their approach. Staff had received regular supervision and training and told us they felt valued. They worked well as a team.

People were safe as staff understood how to manage any risks to their wellbeing. Guidance was well documented to help staff to keep people safe, and staff adhered to the guidance in most instances. Recruitment checks were more robust and staff received an appropriate induction. There were enough staff to meet people's needs, although people told us they sometimes had to wait for staff. We did see some periods of unattended communal areas as staff were always busy, although the general atmosphere was calm and organised.

Medicines were administered safely and the home was clean. The registered manager was pro-active in responding to incidents and accidents, and evidenced learning from such events where necessary.

The registered manager used evidenced based guidance to improve the service. They displayed sound understanding of best practice and used feedback from a variety of sources to continuously improve care. There had been fewer complaints and none about care provision which showed an improving service.

People were supported to eat and drink and visual options helped people to choose. Records for those people at risk of a poor diet were not sufficiently detailed. We recommend records where people were at nutritional risk needed to evidence what measures were in place to address these rather than generic statements. People accessed health and social care services as needed.

There had been significant improvement in obtaining people's consent to care and treatment. Some records needed updating where people could not consent to their care and treatment. We recommend the capacity assessments are reviewed to ensure people with the relevant legal authority were involved in decisions. People's privacy and dignity was respected.

There was a comprehensive activity programme for people to engage with in communal areas. We saw people involved and animated during various events.

Care documentation had been made more person-centred and reflective of people's needs. It was regularly reviewed and audited to ensure it was still current.

The registered manager had worked hard, along with the staff team, to improve the experience of living at Priory Gardens. By using the tools for quality assurance they ensured each aspect was considered in depth regularly and any actions responded to quickly. There had been significant improvements in the culture at the home but more work was needed to ensure this became embedded.

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 this 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

Inadequate (Report published 15 August 2018)

Why we inspected:

This was a planned inspection based on the rating at the previous inspection. The service had previously been in breach of five regulations which resulted in three warning notices and two requirement notices. At this inspection we found improvements had been made.

Follow up:

The service will continue to be monitored in line with our inspection programme, and if information of concern is raised, this will be investigated.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Priory Gardens

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

Inspection team:

The inspection team consisted of two adult social care inspectors, one inspection manager 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.

Service and service type:

Priory Gardens is a care home providing personal and nursing care for up to 72 people, some of whom may be living with dementia.

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

Notice of inspection:

This inspection was unannounced on the first day and announced on the second.

What we did:

We reviewed information we had received since the last inspection in May 2018.

We used information the provider sent us in the Provider Information Return (PIR). This is 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 found the information recorded on the PIR was evident during the inspection and everything stated was in place. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with seven people using the service and seven of their relatives. In addition, we spoke with seven staff including care staff, a nurse, the deputy manager and the registered manager.

We looked at eight care records including risk assessments in depth, three staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the previous inspection we were concerned about the safety of people at the service. The provider was in breach of regulations regarding safe care and treatment, staffing levels and recruitment of staff. At this inspection we found significant improvements had been made.

Staffing and recruitment

- People had differing views about the numbers of staff. One person said, "If I press the buzzer I don't have to wait too long." However, another person told us, "There isn't enough staff. I sometimes have to wait a long time for somebody to come." Relatives also felt there were not always enough staff as one relative said, "Staff are run off their feet". Our observations showed people's needs were met promptly but due to the layout of the building staff were spending a lot of time in corridors walking from one area to another. We also observed periods where communal lounges were unattended.
- The registered manager explained staffing levels were determined on people's needs and not just on occupancy levels. People were robustly assessed before admittance to the home to ensure their needs could be met in full. The registered manager was proud there had been no shortage of staff over the Christmas period which they felt reflected a committed and functioning team. Rotas showed staff worked their hours with days off as needed, and levels were maintained.
- There had been improvements to recruitment processes since the last inspection. Thorough checks were carried out for all staff before they were employed and the service used regular agency nurses for consistency. All agency staff had received an induction and regular checks on their training and competence were now in place.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said they felt safe at Priory Gardens. One person said, "It's nice here. They are all good with me."
- Staff recognised potential signs of abuse and knew what action to take.
- Records of safeguarding incidents showed appropriate action was taken and investigations conducted where required. Referrals were made to relevant agencies as required.

Assessing risk, safety monitoring and management

- People had individualised risk assessments in place for concerns such as choking, falls and skin integrity. They were detailed and outlined measures in place to reduce the level of risk. This included managing more complex behaviours where staff had written guidance as to how best support a person. Records were kept of incidents and regularly reviewed.
- People had personal emergency evacuation plans in place which showed the level of individual support they would need.
- We checked records in people's rooms which showed the frequency of checks for personal hygiene along

with equipment such as bed rails and position of the person in bed. These records were completed at each intervention and so were accurate.

- Equipment and premises checks were conducted regularly, and in line with legislation. All staff had received training in the use of such equipment. We heard one staff member encourage one person to retrieve their walking frame from their room due to their high risk of falls and observed another transferred safely via the use of a hoist.
- We observed one person sitting in a wheelchair without appropriate pressure relief which was provided by a member of staff once prompted by an inspector.
- Accidents and incidents were logged and dealt with appropriately. Body maps and care documentation was updated post incident to ensure staff knew of any changes to support provision.

Using medicines safely

- Medication was administered safely in the home. We observed appropriate checks taking place before medication was given. PRN, or 'as required' medication had clear guidelines for staff to follow especially where a person was unable to indicate if they needed pain relief.
- We saw medication, including controlled drugs, was regularly checked to ensure stock levels matched administration records. We conducted some random checks and records were accurate. The registered manager and deputy manager conducted medication checks on a weekly basis.
- People told us they had no issues with receiving their medication as this was always given when needed. One relative said, "The staff always explain the medication to [name]. They ask if they need any painkillers."

Preventing and controlling infection

- People and relatives told us the home was always clean, including at weekends, and staff always wore protective equipment when supporting with personal care tasks.
- Feedback from the infection control team was positive and they were happy with the progress which had been made.

Learning lessons when things go wrong

- The registered manager was keen to learn from incidents and we saw evidence of learning from any investigation implemented into the daily management meetings and regular staff meetings. Staff felt able to question and challenge, to improve their understanding in a positive, development atmosphere.
- There were monthly falls team meetings which reviewed all falls to see if they could have been prevented, and if so what action was required to prevent future harm. This included an assessment of the environment, a person's health and the impact of medication.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

At the previous inspection we were concerned about how consent was obtained from people. The provider was in breach of the regulation regarding this. At this inspection we found improvements had been made.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- One person said, "They always check I'm OK with what they are doing." Another person told us, "They always explain if it's a new thing and ask if it's OK."
- Staff understood they needed to seek consent before any intervention with people. One staff member said, "We should never assume people do not have capacity." All had received training around the use of the MCA and DoLS. Where people were in receipt of covert medication, this had been agreed in line with the GP and pharmacist.
- We found there had been an improvement to mental capacity assessments since the previous inspection but there were still areas where relatives had given consent who did not have the legal authority to do so. The registered manager agreed to review these incidences.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw applications for authorisations to restrict people's liberty had been made where required. Where these authorisations had been granted any conditions attached to them were being followed and monitored closely.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they had the choice of how to spend their day. One person said, "If I want I can go for a walk around the home. I do most of what I need myself but they help me to keep it that way if I need them." People were supported to get up when they chose.
- The registered manager advised they used a number of ways to ensure best practice was followed including daily walkarounds with instant feedback for staff if required, feedback from people living in the service and their relatives which was acted on if there were issues, regular reviews with people and meetings with all people and relatives. There had also been feedback from external professionals commenting on the

improvements in the home.

Staff support: induction, training, skills and experience

- People were happy staff were confident in their roles. One person said, "They are very good with me," and another told us, "They know what they are doing."
- Staff we spoke with had received two days induction covering key areas. In addition, they received monthly supervision and regular training to support them in their roles. The registered manager had focused on this aspect of supporting staff since the previous inspection and felt the team were more confident as a result. Staff better understood why they undertook certain tasks and the relevance of specific documentation.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink during mealtimes and given sufficient support and encouragement. Visual choices were offered where needed to assist in making the choice, and if people could not decide were given a selection to try. Everyone we spoke with said they always had a drink available and we saw jugs of juice regularly topped up.
- People in their rooms were served in a timely manner and choices offered. Mealtimes were organised, calm and orderly.
- People requiring more complex nutritional support had charts in place to monitor their food and fluid intake, including people using a percutaneous endoscopic gastrostomy (PEG) tube. However, we found not all people were meeting their daily fluid target and we spoke with the registered manager about ensuring guidance provided staff with details of how to respond to poor intake in a pro-active manner.
- One person told us, "If I ask for a cup of tea they always make one." Another person said, "The food is OK. I get a choice. They will do something different if you ask them." People did tell us some of the menu choices were not to their liking but alternatives were always available. We saw people offered their preferences as per their care records, offered more food and checked if they had finished before plates were removed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff spoke positively of their colleagues, and how they all worked together. There were handovers before each shift which were recorded and showed detailed information about key events.
- People felt staff worked well together and they knew people. One person said, "I know the staff and they all know me."

Adapting service, design, decoration to meet people's needs

- Rooms were personalised and the home had signage to aid people's orientation.

Supporting people to live healthier lives, access healthcare services and support

- People told us they saw health and social care professionals. One person said, "I get to see a doctor really quickly if I need to. The nurse also visits, and I see the chiropodist and optician."
- One relative said, "They always keep us informed." Records showed people were accessing services as needed and reviews with GPs and other professionals were frequent.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were kind and caring in their interactions, speaking positively to people and were very friendly in their manner. People were acknowledged by name and staff evidently knew them well. People were checked to ensure they had their glasses and hearing aids in where required, ensuring people could engage with others in the home.
- One person said, "The staff are kind. I don't think they could be better." Another told us, "They are great. They are always smiling." Everyone we spoke with told us staff listened to them and did what was asked of them. We heard interesting conversations between staff and people which demonstrated time had been taken to understand people's interests and hobbies.
- People also said how much their visitors were welcomed. One person said, "They come when they want and feel very welcomed. My [relative] brings fish and chips, the staff brings plates and we use the dining room."
- People attended church services held in the home and there had been many celebrations over the recent Christmas period. Staff understood the importance of respecting people's different cultural/spiritual needs and ensuring these were met such as with specialist diets.

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

- One staff member said, "It's about them, isn't it? We have to make sure people get a choice of how they live here."
- Staff were aware of people's preferences and likes. One person liked green tea and we saw them offered this during the day.
- Relatives told us they had all taken part in recent reviews of people's care. Care records contained life stories of people to help staff understand their interests and engage in conversation.

Respecting and promoting people's privacy, dignity and independence

- Staff kept information about people confidential. We observed, and staff told us, how they always knocked before entering a person's room. They also introduced themselves. One person said, "I feel they respect my privacy, they never just walk in."
- Staff gave examples of how they supported people maintaining their independence such as supporting with shaving if required. People were appropriately dressed and looked well cared for. We saw records of personal hygiene checks including finger nails.
- Relatives told us people were encouraged to do as much as possible for themselves, One relative said, "The staff support [name] in doing as much as they can."
- The registered manager was keen to ensure people did not remain in bed all day and had purchased specialist chairs for people. We observed these in use and people were supported to access areas of the

home other than their room which improved their social stimulation. If people refused this, their wishes were respected and recorded.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

At the previous inspection we were concerned with the quality of care documentation and lack of staff knowledge around people's needs. The provider was in breach of the regulation regarding this. At this inspection we found improvements had been made.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were detailed and completed in full. An overview sheet provided key information for all staff such as significant people in the person's life and details of equipment a person may need.
- There had been a focus on ensuring the records reflected people's needs and providing staff with greater information. They were audited and re-audited on a monthly basis to ensure they were up to date.
- Daily records showed what support people had received, and the activities they had participated in.
- Staff we spoke with told us about the '3pm' daily initiative where all staff stopped what they were doing and joined with people in completing activities or chatted to a person in their room. One staff member said, "Since this has started, we have seen an improvement in both residents' and staff morale". We observed an intense game of bingo with a person living in the home calling all the numbers, and staff and relatives supporting all those in the room. In other parts of the home staff were pro-active in seeking conversations with people and checking their wellbeing. We also observed a very active dance and music session where people sang to songs from their youth and became very animated doing so. If people were non-mobile staff assisted by holding hands or sitting with them singing together.
- We saw many activities on offer and people told us about visits by pets to the home and also trips to local attractions. People had access to exercise classes which had been moved to afternoons at people's request. People's individual interests were also considered with list of sporting fixtures printed so people could watch at their leisure. Activities were well publicised and people's interest roused through a colourful newsletter. These included a Golden Age songbird and Bollywood workshop.

Improving care quality in response to complaints or concerns

- One person told us they had made a complaint and "it was dealt with straight away. If I needed to again I'd go to [name of manager]." No one else had complained but all would be happy to raise any concerns and stated they were satisfied they would be dealt with.
- The registered manager advised they had received no complaints regarding care provision and only three about other issues. We saw these were quickly resolved and the issues addressed. We saw evidence of investigations where required.

End of life care and support

- People's end of life wishes were recorded where they had been able to share these, and relatives consulted.

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

People's needs were met through good organisation and delivery.

At the previous inspection we were concerned quality assurance measures were not being used effectively. The provider was in breach of the regulation regarding this. At this inspection we found significant improvements had been made.

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

- One person said, "I like the atmosphere here and the staff." Another person told us, "I'm settled here, I feel at home." One relative told us, "I can't fault them. They have been marvellous."
- Staff spoke highly of the registered manager. One staff member told us, "They are very approachable." They also stressed how many improvements had been made to the service since they had been at the home. Another said how interested the manager was in what they were doing and how supportive.
- The registered manager oversaw 'Resident of the Day' where all aspects of the person's wellbeing were considered. This included a review of all care documentation and chats with the person by all key personnel to ensure they were happy with all care provision and their room.
- The registered manager ensured the comprehensive auditing system was used effectively and reviewed correctly. We saw audits were completed in full, actions recorded and then reviewed to ensure they had been completed. Any recurring themes were identified and shared at staff meetings.

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

- Staff told us they all now worked together to make improvements and this had been a significant achievement. All staff were now committed to changing the home and were kept fully briefed about how well they had done, but also what still needed to occur. We observed a positive, inclusive approach from staff and an eagerness to make a difference.
- People spoke positively of the registered manager and one relative said, "The manager's door is always open if you need to talk to them." Another said the manager visited their relative often.
- People and relatives told us there were regular meetings for both people living in the home and for relatives. One person had raised an issue and this had promptly been resolved.
- The registered manager or deputy held a daily meeting where all heads of department attended to discuss key issues of the day, relating both to individuals and the running of the home. Information shared was relevant and reflected the findings from the twice daily walkarounds which considered the wellbeing of people and any environmental issues. Any issues were quickly addressed and we could see responses were shared among the team who had a common objective of ensuring the home ran smoothly. These daily walkarounds were supported by night-time, out of hours and weekend visits as well which all helped evidence events in the home and promote effective communication.

- The provider had recently conducted an internal inspection and identified some areas for improvement. The registered manager showed these actions were already being undertaken, such as reviewing the use of bed rails. The registered manager said the provider had been supportive of all the changes undertaken and continued to offer practical assistance.
- Key clinical indicators were reviewed monthly and included the number of falls, health conditions and people's weights. Reviews took place where any concerns were noted. This information was fed into the management meetings and reviewed the following month to ensure actions had been completed.
- The registered manager was constantly seeking to improve and had engaged staff with the same goal. They were keen to 'grow their own' and found staff were receptive to the changing culture. They told us they would be happy to have a relative of theirs living in the home.

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

- People and relatives had been asked their views on the service in October 2018. Where issues had been raised, we saw the response and heard from people how things continued to improve. For example, a clear process of care plan reviews had been undertaken with all necessary parties and this helped promote an inclusive approach where people were encouraged to shape their care provision. There was also a promotion of engagement with the registered manager who advertised their 'open door' and many people felt this had improved accessibility in the home.

Continuous learning and improving care

- One person said, "The home has improved while I've been here. It's less chaotic." One relative said the registered manager had made a difference.
- The registered manager spoke with us about how far the home had progressed since the last inspection. She spoke passionately about how much the team had gelled together, were more confident in their roles and worked towards ensuring people were happy and safe. They said, "I no longer have to nag people to do their job – they just know and do it. They expect me to challenge and understand I will not ask them to do anything I am not prepared to do myself."
- The registered manager said they always responded to staff ideas such as changing the colour of jug lids to show juice had been changed rather than relying on sticky labels which became messy. This helped staff feel listened to and part of the team.

Working in partnership with others

- One visiting professional had recorded, "Very impressed with everything here. Staff so friendly but professional. Made to feel welcomed and staff helped from the start to finish."
- The registered manager worked in conjunction with all visiting professionals and took advice on board promptly.