Care Quality Commission

Bupa Care Homes (CFHCare) Limited

Priory Mews Nursing Home

Inspection report

Watling Street
Dartford DA2 6EG
Tel: 01322515862
Website: www.bupa.co.uk/care

Date of inspection visit: 28 July 2014
Date of publication: 24/02/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. Priory Mews Nursing Home is purpose built and provides nursing and personal care for up to 156 older people, some of whom were unable to move independently. Others required support because of dementia or other age related conditions. End of life care was also provided. There were five separate houses on the site. There were separate facilities on site for the administration, catering and laundry. There were 152 people receiving nursing care at the time of our inspection.

There was registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they always felt safe in the home however we identified some improvement was needed to make sure the service was safe.

Summary of findings

Staff received Mental Capacity Act 2005 training (MCA) and Deprivations of Liberty Safeguards (DoLS) training. However staff did not always take account of the requirements of the MCA for people who lacked capacity to make a decision. They had not understood that mental capacity assessments should be relevant to specific decisions, at the time the decision needed to be made. Care and nursing staff knew how to protect people from abuse and who to report any concerns to.

People were protected from harm because risks to their safety were assessed. People were involved as far as possible in these assessments and action to minimise risk was agreed with them. Any accidents and incidents were monitored to make sure that causes were identified and action was taken to minimise any risk of reoccurrence. Some people at the service presented behaviours from time to time which had a negative impact on themselves or others. We observed staff handling these situations well.

The provider operated safe recruitment procedures. Staff told us there was a good atmosphere and staff worked as a team. They told us there were enough of them to care for people and keep them safe. People told us they did not have to wait long when they needed help or support

Some improvement was needed to make sure the service was effective in relation to specific training. However, people and their relatives gave us many examples of where the service was effective.

Staff told us they felt well supported and were provided with training, including induction and key mandatory training, to make sure they had the knowledge and understanding to provide effective care and support for people. Nursing staff were supported to continue their professional development (CPD). All staff received regular supervision and appraisal to make sure they were competent to deliver appropriate care and treatment. However there were gaps in the knowledge of nursing staff in relation to treating people with pressure or leg ulcers which meant that they might not always receive appropriate care and treatment.

All new staff were provided with induction training and all staff received regular supervision with their line manager where they were able to discuss their work. Qualified nursing staff told us that they received regular clinical supervision and were provided with opportunities for additional training.

People told us they enjoyed the food. They said, “There’s always something available, even at midnight, if you’re hungry.” “The food here is really good.” People were offered choices about what they wanted to eat and drink. People who needed support to eat were helped discreetly. Meal times were managed effectively to make sure that people received the support and attention they needed.

People were supported to manage their health care needs. Nursing staff carried out regular health checks on people who lived in the home and these were recorded. People told us they were able to see a GP whenever they wanted to. Records showed that people saw other health professionals such as chiropodists, dentists and opticians when they needed to.

The service was caring because people were treated with respect, kindness and compassion. People told us they were happy and felt cared for. They said, “All the staff are very kind.” and, “They cannot do enough for you”. All agreed that they felt listened to.

Each person had an individual care plan. These were continually reviewed and updated to make sure all their needs were understood by staff who provided their care and treatment. People told us they had been consulted about how they wanted their care to be delivered.

People’s personal information was treated confidentially and records were stored securely. Staff were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people’s privacy and dignity.

The service was responsive because people received personalised care or treatment when they needed it. Several people said that they never had to wait long for help, as ‘they are in and out all the time’.

Staff knew people well. We were impressed by the knowledge and understanding staff demonstrated about the people in their care. Staff were calm and patient with people, They communicated effectively, responding

Summary of findings

quickly and appropriately to people's requests. Staff offered people choices. For example, about what they wanted to eat and where they wanted to spend their time.

People's needs were assessed with them before they moved to the home to make sure the home was suitable for them. Care plans were regularly reviewed with the person concerned to make sure they were up to date and reflected their individual preferences, interests and aspirations. People were provided with a range of suitable activities they could choose from. Everyone we spoke with told us there were activities on offer.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure. All the visitors we spoke with felt able to raise any concerns with staff or the management. We saw that people were comfortable with the management team and staff in the home.

Some improvement was needed to make sure the service was well-led. However, people spoke positively about the way the home was run. They said, "It all seems to work very well." and, "Very well managed, they know what they are doing."

There were systems in place to regularly review the quality of all aspects of the service. Improvement plans were developed where shortfalls were identified. However quality assurance systems had not been effective in identifying where improvements were needed to ensure that the requirements of the MCA were implemented correctly to make sure that people's rights are protected, and to make sure that there are no gaps in staff knowledge and training which might have a negative impact on people's care and treatment.

There was an open and positive culture in the home and the organisation had clear vision and values. These values put people at the centre of the service and had been successfully cascaded to staff. People were comfortable with the management team and staff in the home. Staff understood their roles and responsibilities and the staff and management structure ensured clear lines of accountability.

Annual customer satisfaction surveys and quarterly resident and relative's meetings gave people the opportunity to comment on the quality of the service. This showed that people were listened to and their views were taken into account in the way the service was run.

The manager had developed a Dignity Champion role in the service. This helped to ensure that staff understood and followed best practice so that people who were experiencing dementia received appropriate care and support. A local authority service commissioner told us, "There is genuine care and concern for all residents but we feel they are particularly good at dementia care."

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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

Some improvement was needed to make sure the service was safe.

Whilst staff had undertaken Mental Capacity Act 2005 and Deprivations of Liberty Safeguards (DoLS) training, improvements were needed to ensure that MCA was implemented correctly to make sure that people's rights were protected.

The provider had taken reasonable steps to protect people from abuse and operated safe recruitment procedures. There were enough staff to meet people's needs. Risks to people's safety and welfare were assessed and managed effectively.

Is the service effective?

Requires Improvement

Some improvement was needed to make sure the service was effective because adequate training had not been provided to ensure that the prevention and treatment of pressure and leg ulcers was effective.

Staff were provided with training, including induction and key mandatory training. In addition staff were trained in a range of specialist topics such as dementia, diabetes and stroke. Nursing staff were supported to continue their professional development (CPD). All staff received regular supervision and appraisal.

People were supported to manage their health care needs. There were systems in place to protect people from risk of harm through malnutrition or dehydration. Meal times were managed effectively to make sure that people received the support and attention they needed.

Is the service caring?

Good

The service was caring.

Staff treated people with respect, kindness and compassion. Staff were discreet in their conversations with one another and with people who were in communal areas of the home. People's privacy and dignity was protected.

People or their representatives were involved as far as possible in planning their care. People's care was planned and continually reviewed to make sure all their needs were understood by all the staff who provided their care and treatment.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People received personalised care or treatment when they needed it from staff who knew them well. People's needs were assessed before they moved to the home to make sure the home was suitable for them. Their individual care plans provided the information staff needed to enable them to provide personalised care to people who lived in the home.

People and their relatives were provided with a forum where they could express their views about the service. They were provided with a range of suitable activities they could choose from.

People's concerns and complaints were listened to, explored and responded to in good time.

Is the service well-led?

Some improvement was needed to make sure the service was well led

Improvements were needed to ensure that the requirements of the MCA were implemented correctly to make sure that people's rights were protected. Quality assurance and monitoring systems were not always effective in identifying shortfalls in the service such as gaps in knowledge and training.

There was an open and positive culture in the home and the organisation had clear vision and values. The management team demonstrated their commitment to implementing these by putting people at the centre when planning, delivering, maintaining and improving the service they provided.

Staff, people and their visitors were provided with forums where they could share their views and concerns and be involved in developing the service.

Requires Improvement

Priory Mews Nursing Home

Detailed findings

Background to this inspection

We visited the service on 28 July 2014. We spoke with 35 people who lived at Priory Mews, eight relatives and 15 members of staff, including qualified nurses across the five houses. We also spoke with the management team and made observations. We provided feedback at the end of our visit.

The inspection was carried out by two inspectors, an expert by experience who had experience of visiting this kind of service and a specialist nurse adviser. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service. We spent seven hours at the service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern.

We sent questionnaires to eight health and social care professionals who visited the service to obtain feedback about their experience of the service. These included specialist nurses, GPs, health and local authority commissioners of services and local authority care managers.

Some people were not able to tell us about their experience. To help us to understand the experiences people had, we used our Short Observational Framework for Inspection (SOFI) tool. The SOFI tool allowed us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they were given and whether they had positive experiences. During our visit we looked at records in the home. These included six people's personal records and care plans, a sample of the home's audits, risk assessments, surveys, staff rotas, five staff files and policies and procedures.

At our last inspection on 1 August 2013 we found that the service was not compliant with four of the five essential standards of quality and safety we looked at. We undertook a follow up visit on 14 January 2014 when we found the service met the regulations where breaches had been identified in 2013. However a further breach was identified because some records about people's care and treatment were not adequately maintained.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. They said, “it is very safe here.” and “The staff make sure we are all safe and well”. Relatives we spoke with all felt their family members were safe in the home. People who were able to speak with us said there were no restrictions on their freedom.

Although staff received Mental Capacity Act (2005) (MCA) and Deprivation of liberty safeguards (DoLS) training this was not being implemented correctly. We saw that people had MCA assessment forms and Do Not Attempt Resuscitation (DNAR) forms in their files that had not been fully completed and some had not been reviewed for more than 3 years. One person’s DNAR form had been filed in another person’s file. Another person’s DNAR form just had their name on and the GP’s signature, there was no evidence that the person or their relatives had been consulted about individual wishes or that any best interest meeting had taken place.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The MCA states, the starting assumption must always be that a person has the capacity to make decisions, unless it can be established that they lack capacity. Mental capacity is time and issue specific and any assessment carried out must be relevant to the decision in question, at the time the decision needs to be made.

We spoke with the area manager who was aware that there had been a misunderstanding about the use of the forms. They gave assurances that this would be addressed to make sure that forms were completed only when necessary, in consultation with families and relevant agencies, to make sure that any decisions were in the people’s best interest.

The provider had made applications to the supervisory body (local authority) where people who lacked capacity repeatedly tried to leave the service. We spoke with a social care professional who dealt with these applications. They told us that staff understood people and their needs really well at the service.

The provider had taken reasonable steps to protect people from abuse. There were systems in place to make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. Nursing staff told us that they alerted the unit manager of any safeguarding issues. Senior staff at the main administration office then alerted the local authority safeguarding team and the Care Quality Commission.

We spoke with qualified nursing staff and care staff on each of the five units. They told us that they had undertaken safeguarding of vulnerable adults training. They knew how to protect people from abuse. They were able to describe their safeguarding training and understood the various types of abuse to look out for to make sure people were protected. Information was displayed on notice boards about who to report any concerns to if they suspected that any kind of abuse was taking place. Staff also had access to a whistleblowing policy.

Each person’s care plan contained individual risk assessments in which risks to people’s safety were identified such as falls, mobility and skin integrity. There was also a health and safety checklist. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessment. People confirmed that the risk assessments had been discussed with them. Records showed that risk assessments were reviewed each month. Where people’s needs changed, staff updated risk assessments and changed how they supported people to make sure they were protected from harm. For example where people were identified as at risk of developing pressure ulcers, specialist equipment such as pressure relieving mattresses and cushions were obtained.

Some people at the service presented behaviours from time to time which had a negative impact on themselves or others. We observed staff handling these situations well. Incidents were documented and behavioural charts were maintained to enable staff to identify and try to avoid situations that people found difficult to cope with. A social care professional who we contacted told us they felt confident in the ability of staff to care for their clients.

There were enough staff on duty at all times to ensure people’s safety. We looked at the staff rotas for the four weeks before our visit. These showed that the numbers of care and nursing staff in each of the houses were decided in consideration of the needs of the people who lived there. In addition to care staff and nursing staff, activities coordinators were present in the service on weekdays to

Good

Is the service safe?

provide activities for people. Staff were also employed to carry out maintenance, housekeeping and catering roles to make sure that the environment was suitable for people and they received enough to eat and drink.

The provider operated safe recruitment procedures. Staff recruitment files included completed application forms which showed education and work histories. People applying to work at the home attended an interview and staff told us that legally required checks were carried out before they started work. All nurses PIN numbers were regularly checked to ensure that the nurse was on the active register of the Nursing and Midwifery Council (NMC).

There were systems in place to record, monitor and review any accidents and incidents to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action was taken to protect people and ensure that they received any necessary support or treatment.

Requires Improvement

Is the service effective?

Our findings

People told us they were happy with the staff. They said, "Love the girls". "They do whatever they can to help you." And, "Staff are a good laugh, but the minute there is a problem, they are totally professional".

There were gaps in the knowledge of nursing staff in relation to treating pressure or leg ulcers which meant that people with complex needs might not always receive appropriate care and treatment. Nursing staff told us they had not had specific training in wound care, dressings and pressure ulcer prevention and treatment. Their understanding of prevention appeared very limited. One person had severe leg ulcers. Inadequate training in this area meant that staff had not recognised the need to explore the underlying causes, refer for specialist tests or plan how the management of their condition could be improved.

Another person had been admitted a week before our visit. They had multiple pressure ulcers but the assessment had not been fully completed and some elements were recorded incorrectly. There had been no referral to the tissue viability nurse or dietician even though the person's weight was very low. Care staff had followed the guidelines about fortifying foods for a week, which nurses considered to be enough. Nursing staff had not explored or analysed the reasons why the person had developed the pressure ulcers except that they were immobile and old. One form called 'Medical conditions that impact on care' was not being used to detail risk factors for pressure ulcers and the risk factors were not detailed on the skin integrity section in people's records. Our observations demonstrated a lack of knowledge and understanding about how to manage these conditions.

This is a breach of Regulation 23. Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider employed a trainer who carried out essential training as well delivering the companies training program. All staff had received essential training such as moving and handling, infection control and food safety. Care and nursing staff also attended training about end of life care. The management team worked closely with hospice nurses to make sure that staff had all the information they needed to support people effectively at the end of their lives. Nursing staff confirmed that they were supported in their professional development.

Care staff told us that BUPA provided them with all the training that they needed. They said that there was enough support to enable them to do their jobs well. They felt supported both by other staff and managers. One member of staff said, "If I have any problems, I can go to anyone". They told us they had been supported to get their NVQ and had opportunities to do other training if they wanted to. Staff told us they had done lots of dementia training and courses in diabetes.

All new staff were provided with induction training. The induction training took place over five days. New staff were extra and shadowed experienced staff for their first few shifts to enable them to get to know people and observe how to provide the care and treatment people needed in the way people wanted their care to be delivered.

We saw supervision and appraisal records in staff recruitment files. Staff told us that they were supervised when they started work at the service. They said that there was a good atmosphere and staff worked as a team. Care staff told us they had regular supervision sessions with their line manager where they were able to discuss their work. Qualified nursing staff told us that they received regular clinical supervision and were provided with opportunities for additional training. Nursing staff also attended clinical review meetings each Monday where any changes in people's nursing needs were discussed. This showed that nursing staff were supported to continue their professional development (CPD). All staff received regular supervision throughout the year and an appraisal each year.

Everyone told us they enjoyed the food. Several people commented on how much it had recently improved with the inclusion of, "homemade food." One person told us they had only weighed five stone on admission, but were now a healthy weight.

We observed the lunchtime meal. People were offered choices about what they wanted to eat and drink. People who needed support to eat were helped discreetly. No one was rushed to eat their meal. Records showed that people's nutritional needs were assessed and their weights were recorded regularly to make sure that they were getting

Requires Improvement

Is the service effective?

enough to eat and drink. Where some people required some additional support with eating and drinking, referrals were made to dieticians or the speech and language team if people had difficulty swallowing. Food and fluid charts were maintained where people were at risk to make sure they were getting enough to eat and drink although we saw that these were not always completed. Fortified milk and high calorie foods such as cream were available in the kitchens in each house which were added to foods and drinks where people were at risk of malnutrition. This showed that staff understood how to protect people from risk of malnutrition and dehydration.

People were supported to manage their health care needs. Nursing staff carried out regular health checks on people and these were recorded. People told us they were able to see a GP whenever they wanted to. Several people knew that 'he comes on Sundays'. People had a six monthly medication review and annual health check. We saw that people felt comfortable to discuss their health needs with staff and ask their advice. Care plans contained information about people's health needs and medical conditions along with guidance for staff. Visitors who we spoke with confirmed that GPs were consulted frequently and whenever needed and that they were told about the outcome. Records showed that people had regular appointments with other health professionals such as chiropodists, dentists and opticians. A Tissue Viability Nurse who visits the home regularly told us, "Referrals are completed on our paper referral form and faxed, often accompanied by a telephone call. The referrals are usually appropriate and timely."

Good

Is the service caring?

Our findings

All the people who were able to talk with us about their experience told us they were happy and felt cared for. Their comments included, "The care is very good" and "All the staff are very kind." and, "They cannot do enough for you". All agreed that they felt listened to. Relatives told us, "The care is all we could wish." and, "Excellent care right to the end of life and afterwards". People told us that their visitors could come at any time and that they could "go where they liked with them", including their own rooms or outside in the grounds.

We spoke with people in private in their rooms and to people in the lounge and dining rooms in each of the houses. In all the interactions we observed between staff and people, we saw they were treated with kindness and compassion. Staff supported people in a calm and relaxed manner. They did not rush people, they went at the person's pace and kept up conversations whenever they were providing care and support.

Local authority commissioners involved in the service told us, "The care is really good and staff are very caring". "I have found that clients have received good care, that their needs are regularly reviewed and acted upon." and, "I observed staff to clearly demonstrate their caring role in a manner which was appropriate and understanding. Communication with residents was clear and warm".

People's care was planned and regularly reviewed and updated to make sure their needs were understood by staff. Each person had an individual care plan. These had been reviewed each month and updated if people's needs changed. Daily notes were completed for each person during each shift. Staff used these to record and monitor how people were from day to day and the care and treatment people received.

People we spoke with were not able to remember if they had been involved in planning their care or if their care plans were discussed with them. A relative told us that they, "didn't wish to be involved in 'too much' paperwork" but were very happy with the care. All the relatives told us they did feel involved and had been consulted about their family member's likes and dislikes, and personal history. They said that the service communicated well with them. Care plans were signed by the person concerned or their representative. This showed that people or their representatives were involved as partners in their own care as much as they were able or wanted.

Staff demonstrated respect for people's dignity. They were discreet in their conversations with one another and with people who were in communal areas of the home. We observed staff initiating conversations with residents in a friendly, sociable manner and not just in relation to what they had to do for them. They gave people time to answer questions and respected their decisions. Staff were careful to protect people's privacy and dignity by making sure that doors were closed when personal care was given. Any treatments people needed were carried out in private. We saw staff knock on people's doors before entering their rooms. People could be confident that information about them was treated confidentially. Personal records were stored securely.

Good

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. Several people said that they never had to wait long for help, as 'they are in and out all the time'. They said, "They are very good at getting me cups of tea when I want one." "They know how I like things done and are very good". "I have no complaints at all; if I did I would talk to the manager". We observed staff supporting people to move around the unit. Staff were very patient with people and told them to "take their time". Staff chatted to people as they walked around with them and people were smiling and happy. No one appeared rushed or distressed.

A local authority care manager told us, "Priory Mews were observed to respond to the changing needs of the individual whom I assessed. This included seeking the intervention of appropriate professionals from several local authorities".

Staff communicated effectively with people and responded appropriately to their requests and offered people choices. For example, about what they wanted to eat and drink and where they wanted to eat at lunch time. People were able to choose to eat at the dining tables, sitting in chairs in the lounge or in their rooms. One person wanted to have their lunch at a table in the corridor so staff organised this. Another person liked to visit a relative in another part of the home. They told us that a member of staff was usually on hand to take them.

People were involved in the assessment of their needs. People who were considering moving into the home were visited by a member of the management team who carried out a pre-admission assessment to determine if the home was able to meet their individual needs. We looked at records of these assessments and saw that these covered all aspects of people's personal and health care needs. The service consulted with health and social care professional who had been involved in the person's care and treatment as part of the assessment process where this was appropriate. Assessments were reviewed with the person concerned and care plans updated as their needs changed to make sure they continued to receive the care and support they needed.

Information was included in peoples care plans about their preferences about how they wanted their care to be delivered. For example, there was information about whether people preferred to have a male or female carer's to assist them with their personal care. The service also operated a 'resident of the day' programme in each house which meant that all aspects of the care, treatment and day to day activities of the person chosen were reviewed on their day. This helped to make sure that care and treatment plans were up to date and any changes in people's needs were identified.

The same staff were deployed to each of the houses which meant that they knew people well. We were impressed by the knowledge and understanding staff demonstrated about the people in their care. They were full of enthusiasm for people, stressing how well people had done at the service and how much they enjoyed doing things for them. One member of care staff had spent some time assembling a new bird feeding station and setting it up in the best place outside the person's window. Another person said they did not want their lunch and asked for it to be taken away. The nurse in charge told the carer, who questioned this, to leave it with them and within a few minutes, they were eating their food. The nurse smiled because she had known this would happen. Staff told us they discussed how each person had been when they handed over to the next shift, highlighting any changes or concerns.

Each person had a 'map of life' in their files which contained information about the person's life history including their cultural and social history. This enabled the service to identify and meet people's needs in these areas. A local church provided services for those who wished to attend.

People were provided with a range of suitable individual and group activities they could choose from. Everyone we spoke with told us there were activities on offer. Some people said that they did not wish to participate and their wishes were respected. There were several activities going on during our visit, mainly crafts and table games. Several people told us about the gardening club. We saw the gardener pop into one of the houses we were in to remind people of the time of the club and give them updates on their plants. The activity coordinator visited people who remained in their rooms for one to one time. This included activities such as reading the newspaper, pamper sessions or reminiscing.

People and their visitors knew who to talk to if they had any complaints about the service. Some people said they would tell their relatives of any concerns, others named

Good

Is the service responsive?

staff who they could talk to if needed. All the visitors we spoke with felt able to raise any concerns with staff or the management. A visitor said, "I have never had to go to the manager because any little niggles are always sorted out straightaway". Two other visitors told us they would be happy to live in the home themselves. This showed that people knew how to share their experiences or raise a concern or complaint and felt comfortable doing so.

The service had a complaints policy and procedure. The complaints procedure was available in each of the units. This procedure told people how to make a complaint about the service and the timescales in which they could expect a response. There was also information and contact details for other organisations people could complain to if they are unhappy. Complaints were recorded in a complaints log. One person went to the office to complain that they hadn't had a bath that day. Staff told us that the person was not due for a bath that day but they would arrange one. Later we saw a member of staff taking the person for a bath. This showed that the service responded promptly to this person's complaint.

Requires Improvement

Is the service well-led?

Our findings

People spoke positively about the way the home was run. They said, “It all seems to work very well.” and, “Very well managed, they know what they are doing.”

There were systems in place to regularly review the quality of all aspects of the service. Some improvement was needed to quality assurance systems to make sure that all shortfalls such as gaps in staff knowledge and training, and problems with the completion of MCA and DNAR forms were identified. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning, accident and incidents, and medication. The area manager also carried out monthly audits of the service. Improvement plans were developed where shortfalls were identified. A social care professional told us, “The home manager has always been very up front and honest with us in terms of the service provided and any improvements required and we haven’t had any information in from other sources that would indicate any problems currently”.

Our observations and discussions with people, staff and visitors, showed us that there was an open and positive culture in the service. The organisation had a clear set of vision and values. These stated, ‘We provide a safe, secure environment that allows our residents as much independence as possible while supporting a range of care needs. Our approach is 'person first, condition second'. We treat the individual, tailoring our care to their needs and making sure our residents feel at home’. The management team demonstrated their commitment to implementing these by putting people at the centre when planning, delivering, maintaining and improving the service they provided. Our observations showed us that these values had been successfully cascaded to the staff who worked at the service.

The office was located in a central building which was where the manager and administration staff were based. Relatives told us they felt that the home was well run and could speak to the manager at any time if they had any questions or concerns. We saw that people were comfortable with the management team and staff in the home. Each week the manager held a meeting which was an open forum for any member of staff to attend where they could raise any concerns.

People were unable to give us examples at the time of when they had been asked for their views or suggestions about the running of the home. However, the service carried out customer satisfaction surveys annually to gain feedback on the quality of the service received. The manager told us that returns from the survey were evaluated and the results were used to inform improvement plans for the development of the service.

Resident and relative’s meetings were held quarterly in each house. This enabled the service to keep people and their families up to date with what was going on and gave them an opportunity to comment, express any concerns and ask questions. Topics discussed included activities, menus and maintenance. There were notices posted in the houses about dates of future meetings.

The management team at Priory Mews included a deputy Manager, a Clinical Services Manager and five unit managers, one for each house. In addition each department had a manager. Regular management meetings were held to facilitate communication between all houses and departments. Support was provided to the manager by the area manager and quality manager at regional level, to support the service and its staff. There was also support available from the organisation’s training and development, Human Resources, Sales and Marketing departments. This level of business support allowed the manager to focus on the needs of the service, people who lived there and the staff who supported them.

The manager had developed a Dignity Champion role in the service. This helped to ensure staff understood and followed best practice so that people who were experiencing dementia received appropriate care and support. The deputy manager had successfully completed the Alzheimer's Association Dementia Champion training, This training was being implemented across the service for people, staff and friends to make sure that people who were experiencing dementia received a quality service. A social care professional told us, “There is genuine care and concern for all residents but we feel they are particularly good at dementia care.”

The provider told us that local authority and clinical commissioning bodies carried out quality monitoring visits and any feedback was used to inform improvement plans. Health and social care professionals who responded to our questionnaire told us they were satisfied with the service. Their comments included, “From our perspective, we feel

Requires Improvement

Is the service well-led?

that this very large home is well managed and the manager is a competent manager." "Overall, there is a good atmosphere within this large home." and, "Management have always communicated well with me, and have good knowledge of all the clients under their care. Staff appear to be able to communicate concerns to the management team who are very approachable."

Communication within the service was facilitated through weekly clinical review meetings which were led by the home manager, deputy manager or clinical support manager. These were used to share information and review events across the home. A staff representative from each of the five houses attended these meetings and reported back to their colleagues. A member of the management team walked around each house daily to carry out clinical audits. These were recorded and copies were kept in the manager's office.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people who used the service and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

At our last inspection visit on 14 January 2014 we found that the home was in breach or Regulation 21 which is about records. Accurate and appropriate records were not maintained about people's weights, and care records. During this visit we found that improvements had been made and the provider was meeting this regulation. At the end of this inspection visit we provided feedback to the management team about our findings where we had identified gaps in training and the implementation of the requirements of the Mental Capacity Act 2005. The management team accepted there were shortfalls regarding MCA and training and assured us prompt action would be taken to address these and make improvements.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse **The registered person did not have suitable arrangements in place for obtaining and acting in accordance with the consent of service users in relation to the care and treatment provided for them.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **The registered person did not have suitable arrangements in place to ensure that persons employed received appropriate training.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.