

HC-One Oval Limited

# Priory Mews Care Home

## Inspection report

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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

### About the service

Priory Mews Care Home is registered to provide support to up to 156 people. At the time of the inspection 126 people were living in the home. Priory Mews is arranged across five separate buildings called communities. Cressenor has capacity for 42 people and provides residential care for people living with dementia. Moutenay and Marchall communities provide nursing care to people with dementia and have capacity for 30 and 23 people respectively. Beaumont and Berkeley provide nursing care for 30 and 15 people respectively. There is a separate building housing administration offices, kitchen, reception and training facilities.

### People's experience of using this service

People's experience of care was affected by staff not being effectively deployed. This meant they had a poor mealtime experience, and did not have many opportunities for engagement with staff. People's dignity was not always maintained. People were supported by staff who had not always had the training they needed to perform their roles. There were inconsistencies in the level of detail about people's medicines which meant we were not assured that medicines were always managed in a safe way.

The risks faced by people in receipt of care had been assessed but there was significant variation in the quality of risk assessments. This was similar with people's care plans and records of care. People had been asked for their views but the level of detail in care plans varied which meant there were risks that people would not always get support in the way they wanted.

People were supported by staff who were knowledgeable about the different types of abuse people may be vulnerable to and knew how to report any concerns about people being abused. We saw incidents and allegations were recorded and investigated appropriately.

People told us and records confirmed staff knew how to support them with their healthcare needs, including their oral healthcare needs. We saw any concerns about people's health were appropriately escalated. People's care was reviewed regularly but issues with record keeping meant it was not always possible to tell if people had been supported in line with their preferences. There were inconsistencies in the level of detail about people's preferences across the different communities, including whether people's non-clinical preferences at the end of their lives had been considered.

People were not always supported to have maximum choice and control of their lives as staff did not consistently demonstrate they were working within the principles of the Mental Capacity Act (2005) and in people's best interests. People's consent to care was not always recorded.

People knew how to make complaints and we saw complaints were investigated and responded to in an appropriate manner. The provider sought feedback from people and their families in a variety of ways and acted upon the feedback received.

The provider and the registered manager were aware of, and working to address, the issues with the quality and safety of the service. The quality assurance systems in place had identified the issues with the quality and safety of the service. There was a comprehensive, robust and realistic plan in place to address the concerns. The registered manager and provider were open and transparent throughout the inspection and demonstrated they were looking to continuously learn and make improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was requires improvement (published 8 March 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to medicines management, staff deployment and training and dignity of people receiving care at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Priory Mews Care Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, a nurse specialist advisor, two assistant inspectors, a directorate support coordinator and two experts 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 Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we already held about the service in terms of notifications that had been submitted to us. Notifications are information about events which take place that providers are required by law to inform us about. We sought feedback from the local authority commissioning team. We reviewed feedback that had been received from members of the public. We reviewed the action plan the provider had submitted after their last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with eight people who lived in the home and ten relatives. We spoke with 25 staff including the registered manager, the deputy manager, the clinical lead, the area quality director, the receptionist, the administrator, the chef, five nurses, two community managers, a deputy community manager, two maintenance staff, the head of housekeeping, two nursing assistants and five health care assistants. We reviewed 15 care files across all five communities as well as medicines records. We reviewed 16 staff files including recruitment, supervision and training records. We reviewed meeting records, health and safety checks, handover records and other documents relevant to the management of the service. The team made observations of care throughout the inspection.

#### After the inspection

We asked the registered manager to submit documents relating to staff training, quality assurance and in response to some of the initial findings of the inspection. These were reviewed as we continued to validate the evidence collected during the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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.

### Staffing and recruitment

- Staff were not always deployed in an effective way that ensured people's needs were met.
- People and relatives told us, and we saw, staff were not always deployed in a way that ensured people's needs were met. We saw people were left in communal areas with minimal supervision which put them at risk of harm.
- In one community there was a staff member allocated to the communal lounge, but they were sat in a position which did not afford them a view of the whole area. A member of the inspection team had to intervene as one person was attempting to stand from their wheelchair; their footplates were still attached and they were attempting to stand on them. The staff member could not see this and therefore had not been deployed effectively to ensure people were safe as they had not seen or responded to this risk.
- Relatives told us they were not confident staff were effectively deployed. For example, one relative said, "Often there is not a staff member in here [communal area] with the residents, or they sit at the back writing up their notes. They cannot see what people are doing if they are at the back of the room, head down, writing their notes." Another relative said, "There doesn't seem to be enough staff walking around, checking on people in their rooms. Sometimes another resident comes into my relative's room. My relative isn't able to ask them to leave and it must be frightening for her."
- All the health care assistants we spoke with told us they did not think there were enough staff. Some of the nurses and unit managers also told us that staffing levels limited the amount of interaction people were able to have. As one healthcare assistant said, "I would like to sit and talk to resident but don't have time it's always rush rush like a runner belt. There is no quality time with residents to chat, just in and out."

The above issues are a breach of Regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's dependency levels were assessed on admission and again each month. Each community calculated their total staffing needs based on the totals of these dependency assessments. We saw staffing levels matched the dependency levels. However, as described above, they did not take into account factors such as the layout of the communities which impacted the availability of staff.
- Records showed staff had been recruited in a way that ensured they were suitable to work in a care setting. Checks of staff qualifications and character had been carried out and their skills and values had been assessed at interview.

At our last inspection the provider had failed to ensure people were given their medicines as directed by their doctor. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

#### Using medicines safely

- There were significant inconsistencies across the communities regarding the safety of medicines management systems.
- In some communities the guidance in place for medicines prescribed on an 'as needed' basis were not in place, or where they were in place, contained insufficient detail to ensure people were offered and administered these medicines when they needed them. This included medicines that had been prescribed to relieve pain and distress for people at the end of their lives.
- Nursing staff were able to describe when people were offered or administered these medicines. However, as this was not included in their medicines information there was a risk that new, or unfamiliar staff may not know when to offer and administer these medicines.
- In some communities the information about people's medicines was not clear. For example, one person's file said they were allergic to a medicine and also contained a note which said they were not allergic to it. It was not clear whether this medicine was a risk to this person.
- The registered manager and area quality director told us they were aware of the inconsistencies in medicines information across the different communities in the home. We saw there was a plan in place to improve consistency in medicines information.
- There were care plans in place for high risk medicines, such as anticoagulants which may make people more vulnerable to certain side effects. Staff had access to information about the purpose and side effects of people's medicines.
- Records showed medicines had been administered as prescribed. There had been issues with the supply of medicines to the home and we saw staff had risk assessed missing medicines and were taking action to ensure people had the medicines they needed.
- During the inspection we saw the provider was in negotiation with a new pharmacist to bring their medicines supplies into line with best practice guidance.

#### Assessing risk, safety monitoring and management

- The provider used nationally recognised assessment tools to identify levels of risk faced by people receiving care. The quality and detail in risk assessments varied significantly across the different communities.
- Some people's care plans contained detailed risk assessments instructing staff how to mitigate risks associated with pressure area care, choking, falls and moving and handling. However, other people's files identified the risks but did not include details of what actions staff should take to mitigate them.
- For example, several people were identified as being at risk of falls or injury. Although this risk had been identified there were no measures in place to mitigate these risks, particularly where people were able to mobilise independently.
- The registered manager and area quality director were aware of the inconsistencies in the detail of risk assessments across the communities. This had been identified in internal audits and inspections and there was an action plan in place to address the inconsistencies.

The above issues with medicines management and risk assessments are a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding adults and knew how to identify and respond to allegations of abuse.
- People and relatives told us they felt safe. One person said, "Staff make me feel safe." A relative said, "[Relative] is definitely safe here, I watch and see how staff treat people they are very good they are very patient."
- Records showed staff recorded and reported allegations of abuse to the appropriate safeguarding authorities. Records showed the provider cooperated with investigations into allegations of abuse.
- There was information on display throughout Priory Mews to inform staff how to raise concerns, or escalate them if they did not feel they had been taken seriously.

#### Preventing and controlling infection

- There was a dedicated team of housekeeping staff who completed cleaning to ensure the risks of infection were prevented and controlled.
- Staff followed good practice guidance on ensuring the home was clean. Staff described safe practice in terms of laundry and cleaning.
- At a previous inspection we had identified that people sharing hoist slings was an infection control risk. This had been resolved, but at this inspection we found people did not have their own slings. The registered manager explained that this was due to a recent audit condemning slings as being unfit for use. They showed us that new slings had been ordered. The slings, with spares to ensure there was sufficient supply should audits identify faults with others slings, were delivered within a week of our site visit.

#### Learning lessons when things go wrong

- Staff told us they supported people to be safe, and then recorded incidents with the support of their community managers.
- Record showed staff monitored and supported people after incidents to ensure their wellbeing. Where necessary additional support from medical professionals was sought.
- Recording of observations after falls was inconsistent across the different communities. The registered manager reviewed all incident forms to ensure appropriate action had been taken. Learning from incidents was shared in staff meetings.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had a range of training course in place for staff of different roles and grades. Records showed staff had not completed some training required to ensure they could perform their roles effectively.
- Records showed low numbers of staff in each of the communities had completed training in basic life support, falls and safer people handling. In Marchall house 58% of staff had completed basic life support and only 77% had completed falls awareness and safer people handling courses. In Cressenor only 31% of staff had training in basic life support. In Berkeley house only 29% of staff had training in basic life support, 70% had completed falls awareness, 50% had completed nutrition and hydration and only 70% had completed safer people handling. In Beaumont only 25% of staff had completed basic life support, 35% falls awareness and 53% safer people handling. In Mountenay only 44% staff had completed basic life support, 54% falls awareness and 69% safer people handling.

The above issues with training are a breach of Regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us that the low completion rates were partly due to a high number of new staff who had not yet completed their induction period. They also demonstrated they had used performance management systems to increase training completion for other staff.
- After the inspection the provider showed us they had training sessions scheduled to increase training compliance.
- Staff told us and records confirmed they received regular supervisions where they were able to talk about the people they supported and their career development.
- Records confirmed staff completed a comprehensive induction to the community where they were based when they started working. This included a period of shadowing where they got to know people and the routines of the community.

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

- The provider used a range of recognised and established assessment tools to assess people's needs in line with standards, guidance and the law.
- Although people's needs were identified, and their diagnoses listed, it was not always clear within the care files what this meant for each individual. For example, while care plans informed staff that people were diagnosed with dementia, they did not describe how this affected the person, and what it meant for their experience of care.

- There was significant variety across the different communities regarding the level of detail about people's care choices. While some care plans described people's care choices in detail, others did not. This meant there was a risk that new, or unfamiliar staff, would not know what people's choices were.
- Staff told us, and records confirmed, a new section had been added to care plans to ask for information about people's sexual and gender identity to ensure any needs in relation to these areas were identified and supported.

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

- People's mealtime experience was greatly affected by the staff deployment issues described in the Safe domain.
- In Beaumont seven people were eating in the dining area. The rest took lunch in their rooms. Those in the dining area had to wait 40 minutes for their meal. Of those in their room, over one hour after the lunch service had begun, at least five residents had not been served. Another five had been served, but, in the absence of assistance, their main course dish laid untouched for at least 40 minutes.
- In Moutenay staff asked for show plates to offer people a choice of lunch. The staff member serving meals reacted in a way that showed this was not usual practice. People were not making choices about the different menu options, but were basing their choices on portion size. For example, a staff member asked people, "Which one do you want?" rather than saying which dish was on each plate. One person was heard to respond, "The smaller one please."
- On Moutenay we saw people who ate lunch in their rooms were left unsupported after their food had been served. This meant their food had gone cold while they had not eaten it.
- People told us they liked the food. The chef told us they worked with the provider to develop a varied and nutritious menu.
- Care files showed people were asked about their dietary needs and preferences. However, the information was not always clear or high quality. For example, the chef told us no one living in the home followed a religious diet. However, two care files showed people did wish to follow a religious diet. In discussion staff told us those people did not wish to follow diets linked with their faith, however, this was not what their records showed.

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

- Staff from Priory Mews worked with other local services to ensure people received the care they needed in a timely way.
- Records showed that staff worked closely with local authorities and other allied professions including occupational therapists and speech and language therapists. We saw referrals were made in a timely way and the advice of these professionals was incorporated into people's care plans.

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

- Priory Mews was a purpose built care home, which the provider had identified required updating and modernising in some areas to ensure it remained suitable for the changing needs of people who lived there.
- There was a planned programme of improvement and maintenance work to refresh the decoration of the different communities and make them more suitable for people living with dementia. Staff had displayed lots of photographs of people who lived in the communities.
- The maintenance team conducted checks to ensure the safety of the premises and ensured that the premises were safe for people.

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

- People's needs assessments included information about people's healthcare related support needs, including oral healthcare.

- People told us they were supported to access healthcare services. One person said, "I've just been through a bad patch, I was in a lot of pain, nurse came in to see me and asked the doctor to visit and they prescribed some cream and it is getting better."
- We saw the nursing staff responded to people's emerging health care needs, and escalated these to the GP or other health services as appropriate.

#### 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- While the service was making appropriate applications for DoLS we found inconsistencies in how consent was sought and the application of the MCA.
- In some communities we identified that people were being supported to take their medicines covertly without clear records that a best interests process had been followed. We also found records of consent to care were not clear.
- When we discussed this with the registered manager they were aware of these issues and ensured consent, and best interests decision making record keeping were included on the home's action plan.
- Where people lacked capacity to consent to their care and treatment, Priory Mews had made appropriate applications to the local authority to deprive them of their liberty.
- People told us they were offered choices and that their choices were respected. One person said, "Carers always ask me what I want to do. I like to have a shower every day and I can manage myself, they let me decide what help I need."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity and staff did not take action to ensure people's dignity was maintained.
- In several communities people were unable to leave their beds and bedrooms. Some of these people would behave in ways that compromised their own dignity; they would sometimes remove bedclothes which meant they were exposed to people walking past. On multiple occasions across two communities we saw people whose dignity had not been maintained. People's bedroom doors were open and although staff were seen walking past the bedrooms, they did not take action to preserve people's dignity.
- We alerted the management team to our observations. However, we continued to observe people's dignity had not been preserved on the second day of the inspection.

The above issue is a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff encouraged them to be independent and do things for themselves. We saw care plans included details of tasks people could complete independently.

Ensuring people are well treated and supported; respecting equality and diversity

- Although interactions between staff and people were limited by the staff deploying issues described in the safe domain, we did see some positive interactions.
- For example, on Cressenor we saw a person arrived at breakfast and appeared tearful. A care assistant stopped what they were doing and provided a sensitive and comforting response to this person.
- People told us staff spoke to them respectfully and kindly. One person said, "I don't think anyone can gripe about the staff. They always talk to us nicely and always respectful to everyone."
- Records showed assessments considered people's protected characteristics. People told us their religious beliefs were respected and they were able to attend services or be visited by faith representatives as they wished.
- However, we also saw a lot of people only had task based interactions and this was confirmed by some of the people and relatives we spoke with. One relative said, "When staff have got a spare minute I see them spend time with people making them laugh, they're caring. Often they are too busy doing their chores, to have enough time just to spend quality time with people." Another relative said, "They [staff] do very well caring for people, an extra couple of staff would improve the quality of life for people sitting in the lounge or staying in their room"

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

- People and relatives told us they felt they were involved in writing and reviewing care and making day to day decisions.
- People and relatives told us they were able to visit freely and were made to feel at home when they visited. One person said, "My [relative] comes to see me when they can they are able to make their own drinks when they visit."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's preferences had been captured in their care plans, however, records of care were inconsistent regarding whether people's preferences had been met.
- For example, the provider used a template to record what personal care choices people were offered and received each day. These appeared to show that people were rarely offered showers or baths and only had washes. When this was discussed with staff they said people were always offered a range of options, but staff only recorded the option that was delivered. This meant it was not always clear that people were offered choices as these had not been recorded.
- The provider had identified through their internal audit and inspections that records of care did not always reflect that personalised care had been delivered. This was confirmed by our inspection findings. We saw improvement to record keeping was already included in the provider's action plan, and had been discussed in various meetings with staff across the home. We will check the impact of these actions at our next inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw key policies and procedures were available to people in alternative formats. However, people's care plans were not yet in a format that was easily accessible, or adaptable to people's individual communication needs.
- The registered manager advised us there were provider level plans in place to move towards electronic care plans which would be easier to make accessible to people.
- Care files contained information about people's communication needs and preferences. This included where people had sensory impairments that may affect their understanding of information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a team of wellbeing coordinators who facilitated activities and engagement for people living in the communities of Priory Mews.
- We saw the wellbeing coordinators were well resourced and each community had access to a range of different resources for activities for people. For example, we saw rummage boxes containing sensory items, and reminiscence boxes containing items relating to different periods of history.

- The wellbeing coordinators also facilitated external entertainers who visited Priory Mews. People told us, and we saw, musical entertainment was popular.
- However, we saw that it was only the wellbeing coordinators who engaged people with the activities resources. When care staff, including nursing staff, were not involved in care delivery they were seen to be completing records rather than engaging with people. This meant that when the wellbeing coordinators were facilitating one-to-one activities other people were left without any engagement.
- For example, on one community we saw the wellbeing coordinators were supporting people with manicures and nail varnish. People who were not being supported were left with no engagement. This meant of the eight people in the room, the six who were not having their nails attended to had fallen asleep at their tables.
- The registered manager and area quality director were aware of these issues with engagement and recognised it was an area for development.

#### Improving care quality in response to complaints or concerns

- People and relatives told us, and records confirmed, complaints were investigated and responded to in line with the provider's policy.
- People told us any concerns they raised were taken seriously and acted upon. One person said, "If I had a problem and couldn't get it solved I would go and see the head [registered manager]."
- Relatives told us they were satisfied that any complaints or concerns raised were responded to appropriately. One relative said, "They[staff] always write down any concerns. If we have an issue, they sort it."

#### End of life care and support

- Some people living at Priory Mews were at the end of their lives.
- Care plans relating to end of life care contained a high level of detail about people's clinical care needs which ensured they were supported to be comfortable and pain free.
- However, care plans did not include details about people's social and cultural needs at the last stages of their lives. Although some people had been supported to consider how they would like to spend their last days, this was inconsistent and not everyone had been asked to give their views while they were still able to.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were clear governance and quality assurance systems in place within each community and across the whole home. The registered manager and area quality director were aware of the issues with the quality and safety of the home, and recognised the particular challenges of managing a large, multi-site care home.
- The registered manager, or the deputy manager or clinical lead, completed a daily walk around visit to monitor the quality and safety of the service. In the afternoon, a second member of the management team would check that any actions identified had been completed.
- There were short daily meetings with community managers and the senior management team to ensure key information about people's safety and messages were shared in a timely way.
- Each community completed a daily handover to ensure any changes to people's needs and risks were shared across the staff team. Priory Mews was in the process of adopting a new way of recording handovers to ensure that information about each person was shared as needed.
- There were internal and peer reviews of incident reports, and the quality of care plans and risk assessments. There were also provider level audits and inspections by different teams within the provider organisation. These had identified issues with the quality and safety of the service. While some had been addressed, others, as described throughout this report, persisted.
- There was a comprehensive and realistic home action plan in place. This detailed the actions required to improve the quality of the service, and required that actions were not closed until they had been evidenced as resolved for an extended period of time. This was to ensure that consistency was achieved and change was embedded. The registered manager and area quality director recognised that previous improvements had not been sustained. The improvement plan recognised the importance of achieving consistency across all the communities of Priory Mews.
- As there was still a high level of inconsistency throughout the home, including breaches of regulations as described in the safe, effective and caring domains, the characteristics for good in well led are not met. This is because despite the provider being aware of the issues they had not yet taken effective action to address them.

Continuous learning and improving care

- There was a comprehensive home improvement plan in place. There were systems in place to improve the quality of care.

- The home improvement plan incorporated actions identified from different sources including our inspection, internal inspections, internal audits, safeguarding actions and local authority visits. The registered manager and area quality director were open to learning and driven to improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager had been in post for just over six months, and had been registered with us for just over a month when we completed our inspection. They demonstrated a clear commitment to improving people's experience at Priory Mews. They were able to show changes they were introducing to improve the culture of the staff team and improve the consistency of the care.
- Staff told us they found the registered manager approachable and open. One member of staff said, "They are approachable and I can go to them about anything and they are encouraging." Another member of staff said, "I like [registered manager] because you can talk to her, if there's a glitch with something we will get it sorted."
- We saw the organisational values were on display throughout the communities, with photos of staff including senior managers on display to ensure people and visitors knew who the organisational leaders were.
- Supervision records, appraisals and staff meeting records showed staff considered personalisation and the values in supporting people as part of their role.
- Staff from Priory Mews worked with other organisations involved in providing care to people to ensure their needs were met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.
- Relatives told us and records confirmed staff were in regular contact with them, and informed them of incidents or accidents involving their family members.

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

- There were various systems in place to engage people, their relatives and staff in the development of the service.
- There were regular meetings for people and relatives where feedback was sought on different aspects of care. People were able to contribute ideas for activities, the menu and to give feedback about their experience. Records showed people and the relatives were kept informed about information relating to the management of the service through these meetings.
- There were regular staff meetings within the communities, and for the whole staff team. These were used to ensure staff were up to date with developments in the home and any changes to the provider's policies and procedures.
- The provider also conducted a survey of people and relatives to ensure they sought feedback from people who did not, or could not, attend meetings in person. We saw actions were taken in response to feedback provided via the survey.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People were not always supported to maintain their dignity. Regulation 10(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's medicines were not always managed in a safe way. Regulation 12(1)(2).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff were not effectively deployed to ensure people's needs were met and had not received the training they needed to perform their roles. Regulation 18(1)(2)