

Lower Green Limited

The Priory Care Home

Inspection report

Greenway Lane
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14 May 2019

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The Priory Care Home is a small residential home for up to 24 older people in Chippenham. There were 18 rooms and six self-contained flats. There are landscaped gardens and parking available. At the time of our inspection there were 21 people living at the service.

People's experience of using this service:

People were not supported to always manage their medicines safely. Risks had not always been identified or where identified there were not safe systems in place.

People were supported by staff who had been recruited safely. Once staff commenced work, the provider could not demonstrate they had provided new staff with a thorough induction. Staff were not always supported to develop their knowledge and skills. Opportunity to have a supervision meeting was not always made available.

People were supported by sufficient staff however, numbers of staff reduced at weekends. This meant that care staff had to take on additional duties on a weekend such as cleaning and meal preparation. We have made one recommendation about the calculation of staffing levels.

People had access to healthcare professionals and were supported to eat a healthy diet. People told us the food was a good quality. Feedback we received from professionals was complimentary about the care provided. Comments included, "I have found the staff to be extremely welcoming and helpful" and "[Registered manager] was always happy to discuss patients and I felt she knew the patients well, she always seemed to have their best interests at heart."

People had their own care plan, which was updated when needed. People had a formal review of their care with the registered manager and relatives where appropriate.

Quality monitoring systems, such as audits were not always effective. The systems had not identified the shortfalls we had found and there was no over-arching improvement plan for the service.

People told us the staff were kind, caring and knew them and what support they needed. People were involved in planning their own care and had the opportunity to share their views.

People were supported to maintain relationships, there was no restriction on visitors. People were able to join in planned activities and follow their own interests.

Where a complaint had been received it was managed and recorded. People and their relatives told us they thought the service was well-led. People and their relatives knew who the registered manager was and thought they were approachable.

Rating at last inspection: At our last inspection in January 2018 (report published in May 2018) we rated the service as Requires Improvement. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is the second time this service has been rated Requires Improvement.

Why we inspected: This was a planned inspection based on the concerns we found at the last inspection and the service overall rating.

Enforcement: We have found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to the more serious concerns found during inspection is added to reports after any representations and appeals have been concluded. We will meet with the provider to discuss our findings in this report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection schedule. If any information of concern is received, we may inspect sooner.

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

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 caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The Priory 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. 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:

This inspection was carried out by one inspector 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:

The Priory Care Home is a care home. People in care homes receive accommodation and nursing or personal care as one single package. CQC regulates both the premises and the care provided, 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 carried out on 13 and 14 May 2019 and was unannounced.

What we did:

Before our inspection we looked at information we held about the service. This included notifications received from the provider which they are required to send us by law. Before the inspection the provider completed a Provider Information Return. This is a form that asked the provider to give key information about the service, what the service does well and improvements they plan to make.

During our visit we talked with seven people, five relatives, registered manager and five members of staff. We looked at six care plans, three recruitment files, monitoring records for 11 people, medicines administration records and other records relating to the management of the service.

Following our site visit we contacted 12 relatives for feedback about the service and nine healthcare professionals. We also requested additional information from the registered manager which they sent us.

Is the service safe?

Our findings

At our last inspection in January 2018 we rated this key question as Requires Improvement as we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people's safety had not always been properly identified and addressed and incidents and accidents had not been analysed. Medicines were not always managed safely. We also found improvement was required to the cleanliness of two communal toilets and a communal bathroom. At this inspection we have found not all the required improvement had been completed and there were other areas of concern.

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

RI: 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. Regulations may or may not have been met.

Using medicines safely

- At our last inspection we found that people did not always have detailed protocols in place for 'as required' medicines. At this inspection we found 'as required' medicines being administered that had no protocols in place. This meant there was little or no guidance available for staff to know when to administer the 'as required' medicines. We raised this with the registered manager on the first day of our inspection. They asked a member of staff to complete the missing protocols.
- We observed one person was prescribed a medicine for anxiety and distress. The instructions on the person's medicines administration record (MAR) stated the person could have half a tablet or one whole tablet if needed, in addition the person could have an additional tablet to help reduce anxiety. There was no guidance for staff to know what dose to give and when. We checked the person's care plan, there was no reference to the person becoming anxious or distressed. This medicine had been administered, however there was no record on the MAR as to what dose the person had received. We discussed this with staff who told us the person always had half a tablet. This dose needed to be recorded as the prescribing instruction was a variable dose.
- We saw another person was prescribed a variable dose of oral morphine sulfate for pain when they had a bandage changed by the community nurse. There was no guidance on a protocol or in the person's care plan as to how much of a dose this person needed.
- At our last inspection we found handwritten entries on people's MAR that had not been signed as checked by two members of staff. When staff write handwritten entries on people's MAR, best practice is to sign each entry and a second member of staff should sign as a witness. This practice reduces the risks of transcribing errors. At this inspection we saw handwritten entries on people's MAR that had either not been signed and dated by staff or only one member of staff. For example, one person was prescribed eye drops. This had been handwritten on the MAR by staff. This had not been dated or signed by staff to confirm the prescribing directions were correct. This medicine had been administered by staff.
- One person had been prescribed an 'as required' medicine to help with pain relief. We found whilst the medicine was in stock and being counted by staff it was not on the person's MAR. We checked the previous month's MAR and found it had also previously not been included. We raised this with the registered manager

who told us the person did not want this medicine as they had not asked for it. All medicines prescribed are to be recorded on the person's MAR. If the person no longer requires this medicine, then it needs to be discussed with the person's GP, so they can change the prescription.

- People had been prescribed topical creams. We checked the records of application for these (TMAR) and found that there were discrepancies in recording. For example, one person was prescribed five topical creams. We found they had a TMAR in place for only three topical creams. Where people were prescribed topical creams to be applied daily this was not being recorded. For example, one person who was prescribed a lotion to use instead of soap had not received this medicine since March 2019. We raised this with the registered manager who told us this was not the case. The person had a wash daily and the lotion was used daily. They told us staff were not signing the TMAR. Another person was prescribed a lotion to use daily, this had not been administered since the 6 April 2019. We asked staff about this, they told us this person applied the lotion themselves. The TMAR should state they are able to apply this themselves.
- The medicine storage room had exceeded the maximum recommended storage temperature and there were gaps in daily temperature records. Where records had been completed, these showed some days temperatures had exceeded the maximum recommended storage temperature of 25 degrees. Any action taken in response to identifying the concern had not been recorded. Where temperatures had not been recorded at all, this meant the service had no assurances that they were storing medicines safely.
- Staff had received training on medicines management and had their competence to administer medicines checked. However, all care workers were able to apply topical creams. Their competence to be able to safely do this had not been checked.
- People's care records did not contain guidance about the foods and drinks they should limit, because of their prescribed medicines.
- People were not supported to receive their time sensitive medicines as prescribed. Time sensitive medicines should be taken at specific times to support people's health conditions. We observed one person received their medicine one hour late. In addition, one relative told us they were concerned about their family member receiving their time sensitive medicines late. We raised this with the registered manager. They told us the person took their medicines at times that suited them, which may at times be later than prescribed. There was no guidance about this in the person's care plan or evidence to show this had been discussed with the person's GP.

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

- The registered manager informed us the service planned to change their medicine management systems. The service planned to move to an electronic system which aimed to improve medicines management.

Assessing risk, safety monitoring and management

- At our last inspection we were concerned that risks were not being properly identified and managed. Whilst some areas at this inspection had improved, we were concerned about other areas of risk.
- People had been assessed to identify risks to areas such as moving and handling, falls and choking. Where risk was identified risk management plans were in place. However, we observed one person had been assessed as being at risk of choking on their medicines. This had not been risk assessed to give staff clear guidance on how to support the person. Some action had been taken to reduce risks, such as seeking a more upright chair for the person to sit in. We observed staff administering medicines to this person, the member of staff left them with their medicine to take in their own time. Staff told us this was common practice. Whilst the person may be able to state that this is their preference, there needs to be a risk assessment of this person's needs. We raised this with the registered manager who told us they would review the risks.
- One member of staff had a recruitment check completed which raised concerns about their behaviour. This

check was a concern for us as it had not been risk assessed. The registered manager told us they had carried out a risk assessment but were unable to find it. They completed an assessment during our inspection, however this did not demonstrate the provider had fully assessed the risk. They had also not carried out additional monitoring measures such as more frequent supervision sessions.

- The provider had not checked all gas appliances in the building. Records demonstrated that whilst the boilers and heating system had been checked and serviced, the gas cooker had not. The registered manager told us they thought as the gas cooker was a domestic appliance it did not need checking for safety. The provider has a duty for all gas appliances to be checked annually for safety.

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

- At our last inspection we were concerned about the hot water temperatures at the service. The temperature control of the boiler had been turned up. At this inspection, we found the provider had taken the appropriate action to keep people safe. Thermostatic valves had been fitted to hand wash basins. This controlled the temperature of the hot water ensuring the risks of people being scalded were reduced. In addition, staff monitored and recorded temperatures of the hot water to further reduce the risks.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. Comments included, "I feel safe when others are around as I know I am not on my own", "It makes you feel safe knowing they [staff] are there" and "I feel [relative] is safe, I have no reason to doubt it."

- Staff were aware of the different types of abuse and how to report their concerns. Not all newer staff had completed safeguarding training. We raised this with the registered manager who told us staff had completed safeguarding training in previous employment. Whilst staff may retain knowledge of the different types of abuse, it is important staff are clear about their responsibilities in line with the provider's safeguarding policy and procedures.

Staffing and recruitment

- Staff employment was subject to satisfactory past employment checks and disclosure and barring service (DBS) clearance. The DBS helps employers make safer recruitment decisions and to avoid unsuitable people working with vulnerable people.

- Staffing levels were reduced at weekends. Some staff told us there was not enough of them to support people. They were concerned that people's needs had increased with more people now requiring two care workers. This meant in the afternoon if two care workers were supporting a person in their room, there was only one care worker available for 23 people. Domestic staff were not employed at weekends, this meant that any ad-hoc cleaning duties would need to be completed by care workers at the weekend. There was no kitchen assistant in the afternoon at the weekend. This meant the care workers had to prepare tea and wash up. This again took care workers away from caring duties. We saw staff had raised their concerns at team meetings and in the staff surveys. We raised this with the registered manager who told us they had reviewed the need for a domestic worker at the weekend but did not feel it was necessary.

- The service did not have a dependency tool to help calculate staffing numbers. The registered manager told us they were at the home most days and knew their staffing levels were safe.

We recommend that the service seeks advice and guidance on how best to calculate staff to meet people's needs.

Preventing and controlling infection

- At our last inspection we had concerns about the cleanliness of two communal toilets and one communal

bathroom. At this inspection we saw the service had improved. One relative told us, "The home is lovely and clean, it never smells."

- Areas of the service were clean with free from bad odours. The registered manager had introduced a checking system for toilets and bathrooms. Staff regularly checked these areas and recorded on a chart to state the time this had been carried out. We observed staff following good infection prevention and control practice. Staff wore gloves and aprons appropriately and there was ample stock available.
- There was an infection prevention and control lead who audited the service every six months.

Learning lessons when things go wrong

- Accidents and incidents had been reviewed by the registered manager. They completed an analysis of each incident to review that all appropriate action had been taken. They also looked for patterns and trends.

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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.

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 and found that it was.

- At our last inspection in January 2018, we found that records did not always demonstrate that people's capacity had been assessed. This was a concern where restrictions such as bed rails and sensors were being used. We made a recommendation for the service to improve their care records, to demonstrate that all decision making was supported in line with the MCA. At this inspection we found that the service had made the required improvements.
- Most people living at the service had capacity to make their own decisions with little support from staff. Where the service was concerned about people's capacity to make decisions they had assessed mental capacity and recorded the outcome.
- Where people were being supported to make decisions about restrictive practice such as using bed rails, a best interests decision meeting had been held. We discussed this with the registered manager who told us the decision had been made with healthcare professionals, the person's GP and the person's relatives.

Staff support: induction, training, skills and experience

- People were supported by staff who had not received effective training and support. In place of the Care Certificate the service used their own induction. Where providers are not using the Care Certificate for their induction we expect the provider induction to meet the national standards of good practice. The registered manager told us staff had worked in other employment and had received training. This was an acceptance that staff were skilled to the provider's expected standard without assessing for knowledge or competence.
- Newer staff had not received any formal safeguarding training.
- Staff we spoke with told us they did not think the training provided was always good. One member of staff told us they watched a lot of DVD's and found this unhelpful as they preferred to learn by discussion.

Another member of staff told us they had requested training but not had opportunity to complete this. Staff surveys in 2018 demonstrated that staff were not always happy with the training with two surveys rating the training as poor.

- Staff had not received training to support them with specific health needs such as diabetes management. Not all of the staff had received training on pressure area care. One member of staff told us, "I would like more training, anything to improve me as a care worker."
- Staff were not provided with regular opportunities for supervision meetings, to discuss their performance, training needs and personal development. A new member of staff is also likely to need more frequent opportunities for supervision as they learn and develop their knowledge and skills. The registered manager was responsible for staff supervisions. Some staff told us they felt they had received adequate supervision. Other staff were only offered the opportunity for a supervision once per year. A night worker, who started in July 2018 had only one supervision recorded. Another night worker had not had supervision since 2017. Not all staff had the opportunity to have an appraisal of their performance. This did not support staff to develop their skills and knowledge.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People were assessed prior to moving into the service. This gave the registered manager the opportunity to make sure the service would meet people's needs.
- One tool used to assess some needs were out of date. The tool used to assess people's risks of developing pressure ulcers did not assess if people had lost weight or had a wound. These factors would contribute to a person's risks of pressure damage. We asked the registered manager about the tools used. They told us the tools had been in place since they had started at the service five years ago.

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

- People told us they were happy with the food. Comments included, "The food is really good, it is just the sort of thing I would cook myself", "I am a vegetarian, but I really like fish – fish of any kind. I had smoked salmon with my salad for lunch – it was lovely" and "I have cereal every day for breakfast and a small cooked breakfast. I can have what I want I just need to ask."
- We observed mealtimes and saw they were unhurried and relaxed. People could choose where they wanted to eat their meal. People had choice from a menu but could also have alternatives if they wanted. One person told us, "We can choose from the menu the day before, but if I don't like what is on offer then I can choose something else."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals where needed. Records demonstrated that the service referred people to specialist services such as speech and language therapists where appropriate. One person said, "I get my medicines regularly and I get medical attention if I need it."
- During our inspection we observed community nurses visiting the service for pre-planned appointments. One person told us, "The district nurses come every Monday and Thursday."
- People had been able to attend a 'dementia friends' session. This had been organised as people had asked to learn more about dementia and how it might affect people.

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

- People lived in an environment that was suitable for their needs.
- People had their own rooms which they had personalised. People were able to bring in their own

belongings.

- There were four self-contained flats attached to the main building. These enabled people to retain independence but have staff nearby should they need them.

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

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

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

- People's needs were known by staff. We observed care and support during our inspection and saw staff supporting people respecting people's rights. We observed people were always offered choice and supported to make their own decisions. People chose when they wanted to get up and go to bed, where they wanted to spend their time and what they wanted to do.
- People and their relatives told us they were happy with their care workers. Comments included, "I like it here they really look after you well. If I need anything I only have to ask, and they will do it if they can" and "The staff are genuinely caring."
- People, relatives and staff told us the service was homely. One person told us, "This place is very homely – it couldn't be better." Another person said, "I have been here for respite before and when I needed to move from my own home I came here because I had liked it."
- Staff had obtained information about people's backgrounds, their likes and dislikes. This information can help staff to meaningfully interact with people and develop relationships.
- People were supported to maintain relationships that were important to them. Visitors were welcomed with no restrictions on when they visited. One person told us, "My family take me out regularly and they can visit any time."
- Staff told us when they had time they enjoyed sitting with people to chat. One person told us, "The best thing about being here is that the care staff are ones you can talk to, they are all so easy to talk to and they really listen as well."

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

- People were able to express their views in a variety of ways. There were residents' meetings held and minutes kept. Agenda items included menus, activities, trips out and changes to service provision. People were encouraged to attend and contribute. One person told us, "They do have a residents meeting which I go to regularly. The manager comes and listens to what we say and will change things when we ask."
- People had regular care reviews where they could review their care plan and share their experiences of the care received. During the inspection we saw the registered manager was completing planned reviews with people and their relatives. They told us they were using this opportunity to go through the care plan and make sure all interventions met people's needs and preferences.
- Staff communicated with people to meet their needs. We saw staff talking to people at their pace, taking time to make sure what was being said was understood. We observed staff made sure they were on the same level as people when communicating.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected their privacy and dignity. Comments included, "We always see

staff treating residents with dignity and respect, it's more like a family here – they [staff] try to make sure everyone is as happy as possible" and "The staff always respect [relative]'s privacy and treat them with dignity."

- We observed staff knocking on people's doors before entering and making sure doors were closed when delivering personal care. People's preferences to gender of care workers were identified and recorded in their care plans.
- People's confidential information was stored securely. Confidentiality was a regular item on the staff meeting's agenda.
- People's independence was promoted. The service was designed so people were able to move around freely. We observed people taking themselves out to the gardens, into town shopping or out with relatives. One person told us, "I want to be as independent as I can – my favourite saying is I can do it." Another person said, "They [staff] look after us very well but I try to do as much as I can for myself and they [staff] encourage that."

Is the service responsive?

Our findings

At our last inspection in January 2018 we found care plans did not always have the required information to give staff guidance on people's needs. We made a recommendation that the service continued to improve care plans. At this inspection we found the required improvement had been carried out.

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

Good - This meant people's needs were met through good organisation and delivery.

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

- At our last inspection we found care plans did not have sufficient detail to give staff guidance on how to meet people's needs. In addition, the service had not always involved people in planning their care. At this inspection we found the service had improved. People were involved in their care as they had the opportunity to be part of a care review. The registered manager told us that some people were reluctant or not able to sign each care plan individually. They had produced an over-arching document which meant people could sign once to agree the whole care plan met their needs.
- Senior care staff had been given additional training and guidance on care planning. The registered manager had also asked the local authority quality team to support them to improve the care plans. We observed that care plans contained guidance for staff on how to meet people's needs and were written positively and respectfully.
- We did observe some care plans lacked information about people's social needs and emotional well-being. Whilst there were social activity records which recorded activities people had taken part in, it was not clear in the care plan what social activities people enjoyed. We discussed with the provider following our inspection and were told staff had gathered this information from people but recorded it in other files. They told us this detail would be added to the care plans.
- People's communication needs were identified, assessed and recorded. We saw people had good detail in their care plan to give staff guidance on how best to communicate. This included verbal and non-verbal methods of communication.
- People were able to follow their interests and were supported to remain active. Activities were planned so people could join in if they wished. During our inspection we observed an entertainer was booked to sing for people. On another day people were encouraged to join in a music workshop.
- People and their relatives told us there was always something going on at the service. One person told us, "I went out to the bowling in Bristol recently, and we also went on a shopping trip – some of the ladies loved that." One relative told us, "The staff find out what residents are interested in and try to organise activities around them. [Relative] is a crossword fan and [staff member] makes sure that [relative] knows when there is going to be a crossword activity. Staff make sure [relative] is in the lounge in a comfortable place for the activity time."
- People's religious needs were met where appropriate. External clergy visited the home regularly to hold services and meet with people. National holidays and celebrations were identified so that people could mark the occasion. For example, Christmas, Easter and Mother's Day had all been noted with some celebration or event.

Improving care quality in response to complaints or concerns

- Since our last inspection the service had received one complaint. This had been investigated by the registered manager and shared with staff.
- People told us they knew how to complain if they wanted to, but they didn't want to. One person told us, "I haven't had a problem that needed raising but if I did I would talk to the manager or any member of staff for that matter, they are all approachable." One relative told us, "I am aware of how to complain and the procedure but have never had to make a complaint or raise a concern."

End of life care and support

- The registered manager told us one person was receiving end of life care. We looked at this person's care plans and saw it had been reviewed recently by staff. There was good guidance for staff to know how to provide the care needed.
- Staff worked with healthcare professionals to make sure this person had what was needed to manage pain and ensure the person was comfortable.
- Some people had a 'do not resuscitate' form in place which had been discussed and agreed with their GP. The registered manager told us that as they were completing care reviews they were taking the opportunity to discuss end of life wishes with people.

Is the service well-led?

Our findings

At our last inspection in January 2018 we rated this key question as Requires Improvement as we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not carried out fire evacuation drills, actions had not been completed following a fire risk assessment and quality monitoring systems were not effective. In addition, the service was not able to demonstrate that people's views were considered in developing the service. At this inspection we have found the required improvement had not been completed in all areas.

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

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

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

- There was a registered manager in post. They told us since the last inspection they had developed the senior care role to help with work such as writing care plans and checking medicines. Even with the distribution of some management work, the service had failed to make all of the improvement required. The registered manager had introduced a range of audits in response to our last inspection. However, these audits were still not effective in identifying the improvement required. They had not identified all the shortfalls we had found during our inspection.
- Quality monitoring had been developed to include a range of checks such as checking medicines, care activity and care plans. Medicines audits had not identified the shortfalls we had found with regard to medicines management. Monthly checks did not contribute to a service improvement plan. There was no over-arching quality monitoring system to provide a clear overview of all the areas requiring improvement.
- Systems in place were also not robust in making sure records were accurate. For example, one person's medicines had been left out of their medicines administration record (MAR) for two months. Another person did not have their allergy to a specific medicine identified on their MAR. Whilst the information was in the person's care plan it was not recorded on their MAR. This may have been a concern if the person had been admitted to hospital as their care plan would not go with them.
- Where people were prescribed topical creams, there was discrepancies in the recording on people's TMAR. Staff used a care activity record to record daily personal hygiene support, skin care and pressure area care. These records had gaps in the recording. During the 14 days of the current month of May we saw six people had not been recorded as having a bath or shower. We saw another person had no record of their personal hygiene being supported for six days. We raised this with staff who told us people had been supported to have baths or showers, but staff had not recorded it on the chart. We raised this with the registered manager who told us staff had requested this chart to be put in place to monitor hygiene support and they would address the shortfalls.

This was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In the provider information return the service informed us they had reviewed their statement of purpose. The provider had not notified us of this change. We asked the registered manager to submit a notification to inform us of the change without delay.
- Action had been taken to make sure staff had fire training and had practiced fire evacuation drills. All actions in response to a fire risk assessment had been carried out and signed by the provider or registered manager.
- Audits for areas such as infection prevention and control and care planning had identified areas for improvement. We saw that action had been taken to make the required improvement.

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

- People and relatives told us they thought the service was well-led. Comments included, "I think the home is very well run. The manager is always out and about and will always chat knowledgeably about residents" and "I think the manager communicates well with families and is fully aware of what is going on in the home." One relative told us, "[The provider] also takes an active role in the management and running of the home, keeping relatives in touch by emailing the regular newsletters and organising special events."
- People were being supported by staff who enjoyed their work. Comments from staff included, "I enjoy it here, we have supportive colleagues and the home is homely" and "I love doing this job, this is a second home to me."
- People and their relatives were happy with the care received. Comments included, "Staff do a great job with patience, they are loving" and "Staff are very calm, they do what they need to, always helping others." One relative told us, "The Priory is a very good care home and knowing [relative] is happy, safe and well cared for there is a great relief as we live quite a long way away and cannot visit every day."

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

- Feedback was gained from people, relatives, staff and visiting professionals using questionnaires. The registered manager had collated the results and produced summaries. These were shared with people and relatives at meetings and in the home's newsletter.
- The service had started using a 'you said, we did' form to demonstrate what action they were taking in response to people's views. For example, people had asked for a sandwich maker to toast sandwiches. The registered manager was looking into buying one for the service.
- Staff surveys were discussed at staff meetings. The registered manager told us they had recently had an 'open forum' meeting where staff could raise any issue or concern. They told us the provider attended this meeting so staff could raise any concerns with them. None were raised.

Continuous learning and improving care

- The registered manager was keen to improve the service and wanted to make the required improvement. They had asked the local authority quality team to come into the service and help them to improve and develop in certain areas.
- The local authority quality team had visited twice in 2019 and produced a report to help the service improve. Their support was ongoing with more visits planned.

Working in partnership with others

- The service worked in partnership with other professionals which made sure people had the care they required. This included support with people's health needs. One professional told us, "I would definitely

recommend The Priory as a caring and safe residential home and count myself very lucky to be involved in the care provided."

- Partnerships had been developed to support people with social activity. For example, local college students visited to read with people and local schoolchildren visited to engage with people.

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 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always safely managed. Risks had not always been identified or assessed so that they could be reduced.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not always being supported by staff who had been trained or were supported in their roles.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring was not always effective in identifying and assessing improvement required. Improvement was required to care records.

The enforcement action we took:

We have imposed a condition on the providers registration.