

Parkcare Homes (No.2) Limited

# Priory Radstock Satellite

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Priory Radstock Satellite is a residential care home providing the regulated activity accommodation for persons requiring nursing or personal care to up to 6 people. The service provides support to people with learning disabilities, autistic people, younger adults and people with mental health needs. At the time of our inspection there were 6 people using the service.

Priory Radstock Satellite is located in a residential area of Radstock. A house and self-contained bungalow occupy the same site, making up the living accommodation. In the main house, people have level access to a communal kitchen, lounge-diner and bathrooms. Everyone has level access to a shared garden.

### People's experience of using this service and what we found

**Right Support:** People were involved with making decisions about their care. Staff worked consistently hard to advocate for people and ensure they had access to services they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** Staff spoke about people in a person-centred way and there was a person-centred culture in the service. People's dignity, independence and privacy was promoted and respected. People were supported to access the community, engage with their hobbies and interests and maintain relationships.

**Right Culture:** The management and staff team worked inclusively and supported people to live how they wished. The atmosphere was relaxed and there were enough suitably trained staff to keep people safe. People were supported to develop daily living skills they needed to live a more independent life.

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** This service was registered with us on 18 November 2021 and this is the first inspection.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Priory Radstock Satellite

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team was made up of two inspectors.

#### Service and service type

Priory Radstock Satellite is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Priory Radstock Satellite is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We conducted a visual inspection of the premises, spoke with 3 people and 3 staff. We reviewed various records related to the running of the service including 2 recruitment files, 3 care plans and various audits and checks undertaken by the management team. After the site visit, we spoke with 3 relatives and received feedback from 1 professional.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The provider ensured measures were in place to help protect people from avoidable harm. Relatives told us people were safe and people we spoke with confirmed this.
- Personalised risk assessments detailed potential risks to people and how these should be managed. For example, one person exhibited behaviours that may challenge others. The person used a weighted blanket to help with de-escalation. Guidance was available informing staff what a weighted blanket was and how and when it should be used.
- Personal Emergency Evacuation Plans (PEEPs) were in place for everyone. PEEPs detailed the level of support a person required in the event of an emergency evacuation.
- The service had recently been inspected for food hygiene by the Food Standards Agency and awarded the maximum score of five. This meant at the time of their visit, hygiene standards were very good and in line with legal requirements.

### Staffing and recruitment

- There were sufficient numbers of suitably qualified staff to meet people's needs.
- Relatives spoke positively about staff. Comments from relatives included, "The staff are kind" and, "On the whole [staff] have been brilliant."
- The provider used a local staffing agency to access additional staff. To ensure continuity of care, the provider booked regular agency staff who were familiar with people and their needs.
- The deputy manager chose staff to work in the service who they assessed would work positively with people. For example, they requested, "Smiley and chatty" agency staff return to the service because people preferred these staff.
- Staff were recruited safely; pre-employment checks included those undertaken with the applicant's previous employer in care and the Disclosure and Barring Service (DBS).

### Systems and processes to safeguard people from the risk of abuse

- Measures were in place to help protect people from the risk of abuse.
- The provider reported potential safeguarding concerns the Local Authority Safeguarding Team and Police when required. One person said staff were, "Protective" of them and told us about actions staff had taken to protect them from suspected abuse outside of the service.
- The registered manager had oversight of safeguarding in the service. This meant they could identify potential themes and trends and act to prevent a recurrence.
- Staff spoke confidently about what actions they would take if abuse was witnessed or suspected. Comments from staff included, "I've never seen abuse. ...I would whistle blow if I saw abuse."

### Using medicines safely

- Medicines were managed and stored safely.
- Staff worked to prevent people being over-medicated. For example, if a staff member could not calm a person, before administering medicines, they would swap places with a colleague who would try strategies to calm the person.
- People told us they were involved with making decisions about their medicines. One person said they knew what medicines they were taking and told us staff supported them to take the medicine. Another person told us staff supported them to develop the skills they needed to manage their medicines independently.
- Protocols were in place for 'as required' (PRN) medicines. In response to some recording errors identified during our inspection, the registered manager reviewed and updated all PRN protocols.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives we spoke with told us they were supported to visit with people. The provider had policies in place to ensure visits were undertaken safely.

### Learning lessons when things go wrong

- When accidents or incidents occurred, staff completed 'safety huddles' to better understand what had happened and learn lessons to help drive improvement.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff took great care and worked consistently to support people with accessing healthcare they needed.
- Some people felt anxious or worried about visiting healthcare professionals and staff worked with people to remove these barriers. For example, one person's anxiety had prevented them visiting the Dentist. Staff sourced a specialist Dentist for people with learning disabilities, drove by the practice and visited for a cup of tea prior to their appointment. Eventually the person visited the Dentist for a successful check-up.
- We received feedback from one professional who spoke positively about care provision in the service. Comments included, "There is a regular multidisciplinary team meeting attended by manager, care support staff, positive behaviour support practitioner and the Consultant to review [people's] needs" and "[Staff] are well informed about the patients' needs and engage positively."
- Records we reviewed showed people were supported to access services when they needed them. We saw evidence of input from the Speech and Language Team (SALT), GP and Optician.

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

- Comprehensive assessments were in place providing detailed guidance for staff about how they should support people to meet their needs, choices and preferences.
- The provider worked in line with published guidance. For example, Hospital Passports detailed the support people required on admission to Hospital. Information was included about people's preferences, medical conditions and care needs.
- The provider completed pre-assessments with people prior to agreeing their admission into the service. Pre-assessments helped staff to understand a person's needs and ensure they were compatible with others living in the service.

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

- People were supported to eat and drink enough and staff promoted a healthy diet.
- Each week, staff supported people to meet and design their menu for the following week. The registered manager said this promoted choice and meant each person contributed fairly.
- Risks around food and fluid were assessed and measures were implemented to manage identified risks. For example, one person was at risk of overeating and always requested a second meal. Staff managed this by plating up smaller portions across two plates. This helped prevent increased food intake.
- The provider ensured there was always fresh fruit available for people to access when they wished.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staff support: induction, training, skills and experience

- Staff told us they received support they required to provide people with the care they needed.
- Staff were involved with regular supervision, appraisal and competency sessions. Areas covered included medicines safety, safeguarding awareness and how to report any concerns.
- Staff received training relevant to people they supported. All staff, including agency staff, received induction training. One staff member said, "I wouldn't have taken the job if I didn't feel supported."

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

- The premises was designed and decorated to meet people's needs.
- The provider had maintenance people responsible for undertaking repairs. This was important because some people exhibited behaviours that may challenge others and damage the environment.
- Flooring throughout the communal areas had recently been replaced. One professional said, "The home environment is clean and comfortable. There are no smells or odours of unpleasant nature."
- People had the option to personalise their bedrooms how they wished.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Staff went above and beyond to ensure people were well treated and supported.
- When people experienced big changes or profound events, staff amended their working pattern to support them. For example, one person experienced a bereavement and staff stayed away, overnight, to support the person. When another person was moving out of the service, staff visited the person on their non-working day to say goodbye and other staff worked during their annual leave to support the person during their move.
- Staff challenged professionals to make reasonable adjustments so people received support they needed in a person-centred way. For example, one person was anxious when visiting clinical settings, so staff requested a home visit. When this was declined, staff challenged the decision and a home visit was agreed. This meant the person did not have to experience feelings of distress while visiting the clinical setting and received the care they needed at home.
- We observed positive interactions between people and staff and people told us staff were kind to them. One person said, "They [staff] really have done really well at their job."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff respected people's privacy. For example, we observed staff knocking on people's bedroom doors and asking permission to enter.
- The deputy manager completed a weekly walk-around. Among other areas, checks were undertaken to ensure staff interactions with people were dignified.
- When people entered into romantic relationships, staff supported them to maintain their privacy and dignity without compromising their safety. For example, staff provided people with access to walkie-talkies so they could alert staff if they needed support.
- People were supported to become more independent. One person told us staff had supported them to effectively manage all aspects of their daily living. This meant they could move out and live independently.
- People were involved and supported with making decisions about all aspects of their care.
- Each person had at least one staff member who was their key worker. People chose their key worker and could change them at any time. Keyworkers represented people at meetings, ensured any actions were taken and supported people with communicating their views.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People were supported to pursue their hobbies, interests and maintain relationships important to them.
- Pictures we viewed showed people smiling and enjoying activities with others in the service. We saw photographs of a water fight and of people enjoying a BBQ outside.
- People spoke positively about activities provision and support. For example, people laughed and joked about a trip they had attended with staff during Halloween. Other activities people had accessed included swimming, visiting a farm and going for lunch.
- People were supported to maintain relationships important to them. On relative said, "No problems; [staff] encourage [relative] to come down and get involved. I go [and visit] at least once a month."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service ensured people had information provided to them in ways that were accessible.
- Where appropriate, people were supported with social stories to help them better understand information relevant to them.

Improving care quality in response to complaints or concerns

- The service had not received any complaints in the six months prior to our inspection.
- There was a complaints policy in place and an easy read version was available for people if required. Relatives we spoke with said they felt able to complain if necessary.
- The registered manager told us they operated an open-door policy and stakeholders could speak to them whenever they needed to.

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

- People received care that was comprehensively planned and consistently promoted people's choice and control.
- People's goals were recorded and staff supported them to achieve these. One staff member said, "I like the dynamic here where people have hopes and aspirations and you help them through their struggle to reach their goals."

- The service worked with a positive behaviour coordinator who explored people's feelings and triggers of behaviours that may challenge others. A plan was created to help staff understand people's triggers and supporting strategies were documented to help staff support people in line with their needs.

#### End of life care and support

- End of life care planning had been identified as an area for development. At the time of our inspection, the registered manager was in the process of working with people to explore their end of life preferences in more detail.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A governance framework was in place and used effectively to identify shortfalls, errors and omissions and to drive improvement.
- There was a clear staffing structure and staff spoke positively about the registered manager. Comments from staff included, "[Registered manager's name] is really good; supportive with us and the guys [people]" and, "Even when [registered manager] is not on shift, she's always there on the end of the phone." One person said, "The manager is good." One professional said, "[The registered manager] is a fantastic leader who is knowledgeable about the dissimilar needs of [people]" and, "[The registered manager] and the team are very experienced in managing such complex needs."
- The provider submitted statutory notifications in line with regulations. Statutory notifications are important because they tell us when notifiable incidents have occurred and help us to monitor the services we regulate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive and person-centred culture that ensured good outcomes for people. People said they liked staff and were supported to develop skills, such as cooking and cleaning, to live more independently. The atmosphere was calm and homely.
- Staff spoke about people in a person-centred way and knew people well. For example, one staff member spoke about a person who was fearful that when they accessed the community, they would not be able to return to the service. The staff member spoke about how they reassured the person and said, "I say: we all go together, we all come home together."
- Relatives told us people received person-centred care. Comments from relatives included, "I am more than happy with [person's] welfare and well-being there; no problems, they [staff] encourage [person] to come down and get involved."

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

- Stakeholders had recently been offered the opportunity to participate in a survey to feedback about their experiences of care provision in the service. At the time of our inspection, the registered manager was analysing the results and told us an action plan would be implemented to support any areas identified as requiring further development.

- The registered manager had introduced a 'you said we did' framework for staff and people. This allowed people and staff to make suggestions for improvements, submit fresh ideas and feedback about their experiences.
- Each person had an 'Equality and Human Rights' plan. The plans linked people's specific support needs to their protected characteristics and provided guidance about how people should be supported to live full lives.

#### Continuous learning and improving care

- The management team looked at ways to learn lessons and improve care provision. For example, the deputy manager planned to implement workshops that focused on each person living in the service. The deputy manager hoped this would help staff to better understand people's individual needs and personalities.

#### Working in partnership with others

- Staff worked in partnership with others to ensure people experienced good outcomes. One professional said, "I have noted that Staff are friendly and caring. Staff on the unit always make me feel welcome and are open to discussions."

#### 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 registered manager and management team was aware of their responsibility to act openly, honestly and apologise when things went wrong.