

Prideaux House Care Limited

# Prideaux House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We inspected Prideaux House on the 30 June and 03 July 2017. This was an unannounced inspection. Prideaux House provides accommodation, care and support for up to 20 people. On the day of our inspection 15 older people were living at the home. The service provided care and support to people living with dementia, at risk of falls and long term healthcare needs such as diabetes.

A manager was in post. They had completed their application to become the registered manager with CQC. An interview date had been confirmed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We last inspected Prideaux House in March 2016. Breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified and it was rated as requires improvement overall. We asked the provider to make improvements to ensure that care and treatment was provided in a safe way and that quality assurance systems improved. The provider sent us an action plan stating they would have addressed all of these concerns by March 2017.

This unannounced comprehensive inspection on the 30 June and 3 July 2017 found that whilst there were areas still to improve and embed in to everyday practice, there had been significant progress made and that they had now met the breaches of regulation.

People spoke positively about living at Prideaux House. Comments included, "It's my home" and, "I'm very happy here."

Robust systems had been introduced since the last inspection to assess quality and safety. These included audits for infection control, the environment and equipment used, medicines and daily notes. However, it was acknowledged that because the care plans had been rewritten with outside assistance, the manager had not audited the care plans and therefore had not identified the shortfalls we found during this inspection. These were amended immediately and appropriate action taken.

Since the last inspection people's care plans had been rewritten, however further work was required to ensure that they reflected people's changed needs. Records did not consistently reflect the care that was being provided by care staff. As the staff knew people very well this had not impacted on care delivery at this time.

The organisation had put systems in place to ensure staff followed good practice guidance in respect of infection control measures. People who relied on mechanical hoists for moving all had their own sling for everyday use. Staff told us that the slings were checked daily for wear and tear and soiling. All equipment used to assist people had been checked regularly to ensure that they were fit for use and in good repair. The

mechanical sluice was operational and staff followed the organisational procedures that ensured that the risk of cross infection was mitigated as far as possible. Medicines were stored, administered, recorded and disposed of safely. Storage facilities throughout the service were appropriate and well managed. 'As required' (PRN) medicines had detailed protocols for staff to follow to ensure they were given appropriately and safely. Staffing numbers and the deployment of staff ensured that people received assistance in a timely, caring and respectful manner.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, registered manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, some documentation to support specific decisions, such as continued bed rest, were not supported by a clear rationale and best interests meeting.

There were meaningful activities for people to participate in as groups or individually to meet their social and welfare needs.

The provider had established clear emergency contingency plans and evidence of routine maintenance and servicing of equipment such as the home's boilers were seen to be regularly completed. There was a business plan in place which identified when areas of the premises would be improved.

People received medical assistance from healthcare professionals including district nurses, GPs, chiropodists and optician.

We found people had been supported by staff to maintain their personal appearance in accordance with their wishes.

All staff felt supported by senior staff and had confidence in the provider in running the service. People felt the home was well run and were confident they could raise concerns if they had any.

## 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** ●

Prideaux House was safe and was meeting all the legal requirements that were previously in breach.

Medicines were stored, administered and disposed of safely. Staff had received training on how to safeguard people and were clear on how to respond to any allegation or suspicion of abuse.

The environment and equipment was well maintained to ensure safety.

There were enough staff on duty to meet the needs of people. Appropriate checks were undertaken to ensure suitable staff were employed to work at the service. There has been high agency usage that was now reduced with new staff being employed by the organisation.

People told us they were happy living in the home and relatives felt people were safe.

People had individual assessments of potential risks to their health and welfare. Staff responded to these risks to promote people's safety.

### Is the service effective?

**Requires Improvement** ●

Prideaux House was effective and was meeting the legal requirements that were previously in breach.

Mental capacity assessments met with the principles of the Mental Capacity Act 2005. However there were some areas of practice that had not been considered.

Processes were now in place to make sure each person received appropriate person centred care and treatment which was based on an assessment of their needs and preferences.

Training had been identified as required and the training plan confirmed training completed, and training in progress. This meant staff were working with the necessary knowledge and skills to support people effectively.

People received a nutritious and varied diet. People were provided with menu choices and the cook catered for people's dietary needs.

### Is the service caring?

Good ●

Prideaux House was caring and was meeting all the legal requirement that were previously in breach. However some areas required time to become fully embedded into everyday practice, especially as new staff were starting work.

Staff knew people well and had good relationships with them. People were treated with respect and their dignity promoted.

People and relatives were positive about the care provided by staff.

People were involved in day to day decisions and given support when needed.

### Is the service responsive?

Good ●

Prideaux House was responsive.

There were activities for people to participate in as groups or individually to meet their social and welfare needs. Further improvements were planned for people who remained on bed rest.

People told us that they were able to make everyday choices, and we saw this happening during our visit.

Care plans showed the most up-to-date information on people's needs, preferences and risks to their care.

A complaints policy was in place and complaints were handled appropriately. People felt their complaint or concern would be resolved and investigated.

### Is the service well-led?

Requires Improvement ●

Prideaux House was not consistently well led. Whilst we saw improvements had been made, there were areas that still needed to be embedded in practice to ensure that improvements were consistently sustained.

A new quality assurance system was in place. However, some areas of documentation needed oversight to ensure they were completed consistently and information was appropriately

recorded.

The manager and staff in the service were approachable and supportive.

There had been a number of positive changes made to the day to day running of Prideaux House and there was a clear programme in place for continual improvement.

# Prideaux House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on the 30 June and 03 July 2017. This was an unannounced inspection undertaken by an inspector.

We observed care delivery throughout our inspection. We looked in detail at care plans and examined records which related to the running of the service. We looked at six care plans and five staff files, staff training records and quality assurance documentation to support our findings. We looked at records that related to how the home was managed. We also 'pathway tracked' people living at Prideaux House. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at all areas of the service, including people's bedrooms, bathrooms, communal lounge and dining area. During our inspection we spoke with 12 people who live at the service, six care staff, the chef, and one domestic staff member, head of care, the manager and the provider. We spoke to two people's relatives who were visiting the home during our inspection.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered information which had been shared with us by the local authority, members of the public and relatives. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

# Is the service safe?

## Our findings

At our inspection in March 2016, we found that people's health, safety and welfare was not always safeguarded. The provider had not taken appropriate steps to ensure that there were measures in place to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by March 2017. We found that improvements had been made, the provider was now meeting the requirements of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Prideaux House. One person told us, "I am safe and content." Another said, "It's a good place to live." One relative confirmed they felt confident in leaving their loved one in the care of staff at Prideaux House.

Since the last inspection we saw the organisation had put systems in place to ensure staff followed good practice guidance in respect of infection control measures. Individual hoist slings have been purchased for those people who required a mechanical hoist to assist them to transfer. Staff told us that the slings were checked daily for wear and tear and soiling. All equipment used to assist people had been checked regularly to ensure that they were fit for use and in good repair. The mechanical sluice was operational and staff followed the organisational procedures that ensured that the risk of cross infection was mitigated as far as possible.

Medicines were stored, administered, recorded and disposed of safely. Storage facilities throughout the service were appropriate and well managed. For example, medicine cupboards were locked and the drug trolley was secured to the wall when not in use. The temperature of areas where medicines were stored were monitored to ensure medicines were not harmed before use. Staff were vigilant in locking the trolley when they were talking or giving medicines to people. We observed medicines being given at lunchtime and staff followed best practice guidelines. For example, medicines were administered individually using pots to dispense, waiting for the medicine to be taken and then recording on the Medicine Administration Record (MAR) chart. All medicines were administered by staff who had completed additional training and had undergone a competency assessment.

Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. PRN guidelines were in place. These were clear and provided guidance about why the person may require the medicine and when it should be given. Variable dose medicines were also administered appropriately. For example, some people had health needs which required varying doses of medicine related to specific blood test results. We found medicines were given in accordance with any changing requirements. No one at this time was receiving medicines covertly, but there was an organisational policy should this become a need.



This inspection we found that risks to people's health, safety and well-being had been identified, and a management plan put into place. People had a care plan with accompanying health and environmental risk assessments completed. Risk assessments had been completed and included the risk of falls, skin damage, nutritional risks and moving and handling. The care plans also highlighted people's health risks such as diabetes and memory loss.

People at risk from developing pressure damage were monitored and repositioned regularly to reduce pressure and risk of skin damage. Pressure relieving mattresses were in place to help reduce the risk of developing a pressure ulcer. Mattress settings were checked daily by staff to ensure that they were on the correct setting and adjusted accordingly.

Staff were able to tell us how they ensured people received the care they needed. For example, how they people's incontinence was managed and their skin integrity protected. Staff told us people who stayed in bed received two or four hourly position changes and the use of a pressure mattress. People sitting in chairs or wheelchairs in communal areas had regular changes of position and were offered toilet breaks throughout the day. As discussed during the inspection process the level of care needed to protect and promote safe care was not reflected in the care documentation. The manager and staff worked hard to address the shortfalls by the second day of the inspection. No harm had occurred at this time.

Accidents and incidents had been documented. There was a clear follow up and actions taken as a result of accidents and incidents. For people who had unwitnessed falls a record of an investigation or a plan to prevent further falls had been completed. This meant that the provider had put preventative measures in place to prevent a re-occurrence and protect the person from harm. The provider therefore was able to show there was learning from accidents and incidents.

The provider had taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation. Contingency and emergency procedures were available to staff and a member of the management team was on call for advice. First aid equipment was available and staff had undertaken appropriate training. Staff knew what to do in the event of a fire and appropriate checks and maintenance had been completed. Emergency information was easily assessable, for example a 'grab bag' was visible near the front entrance and contained information on the location of people along with individual evacuation plans.

The service was clean and health and safety maintenance was in place, the system to report and deal with any maintenance or safety issue was effective. One visitor talked about the cleanliness of the home and said, "Spic and span." Comments from staff included, "We have a great team of cleaners," and "There are never any nasty smells, it smells fresh and clean."

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff told us there were enough staff to respond to their needs. They also said, "When people are poorly, we try to sit with people as much as possible, especially if they have no family." The staffing levels during the day were one senior and three health care assistants. At night there were two staff. There was additional staff in the home to respond to domestic, catering, entertainment and administration duties. The manager confirmed staffing arrangements were flexible and extra staffing was available to respond to any changes in people's needs. We found the staffing arrangements ensured people had their individual needs attended to.

Staff received training on safeguarding adults and understood clearly their individual responsibilities. Staff were able to describe different types of abuse and what action they would take if they suspected abuse had taken place. They were confident any abuse or poor care practice would be quickly identified and addressed

immediately by the senior staff in the home. There were policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse and the contact number for the local authority to report abuse or gain any advice. We saw that safeguarding referrals had been made appropriately to the local authority safeguarding team in a timely fashion. One staff member told us, "I wouldn't hesitate to flag up any concerns."

People were protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS), these checks identify if prospective staff had a criminal record or were barred from working with children or adults, completed by the provider. Interviews were undertaken and two staff completed these using an interview proforma.

## Is the service effective?

### Our findings

At the last inspection in March 2016, the provider was in breach of Regulations 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people had not been protected from undue restriction as assessments of people's capacity to make decisions had not consistently been undertaken

The Provider submitted an action plan detailing how they would meet their legal requirements by March 2017. Improvements had been made and the provider was now meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst improvements had been made in respect of people's capacity to consent, there were still areas that required further time to be embedded and structured into practice

Since the last inspection staff had received training about the principles of the Mental Capacity Act 2005 (MCA). Staff told us most people would be able to consent to basic care and treatment, such as washing and dressing. The MCA states that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. We found that the reference to people's mental capacity now recorded the steps taken to reach a decision about a person's capacity. However, there were some areas of practice such as people remaining on continuous bed rest that was undertaken automatically without evidence of the best interests discussion or the rationale documented within the care records This told us mental capacity assessments whilst undertaken were not always decision specific and were not recorded in line with legal requirements. This was an area that whilst improved still requires further embedding into everyday decisions.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS forms part of the Mental Capacity Act (MCA) 2005. It aims to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. Where restrictions are needed to help keep people safe, the principles of DoLS ensures that the least restrictive methods are used. The management team kept a list of DoLS authorisations submitted, and updated regularly to ensure that it reflected the people who lived at Prideaux House. Since the last inspection staff had reviewed practices that may restrict peoples' movement and this included the use of bedrails. The risk assessments in place had considered if people were able to consent to these measures or whether a less restrictive practice could be used, for example pressure mats.

Staff had completed training to make sure they had the skills and knowledge to provide the support people needed. Staff and training records confirmed that a programme of training had been established and staff had undertaken essential training throughout the year. The training provided was both face to face and DVD training with booklets to complete. This training included health and safety, infection control, food hygiene, safe moving and handling, and safeguarding. Staff training was closely monitored to ensure staff had completed required training.

The training programme was varied and reflected the needs of people living in the service. Staff received

training in diabetic care, catheter care and dementia awareness. Additional training was also provided to support staff with developing roles, specific interests and meeting the changing needs of people living in the service. For example, a dignity champion and an infection control lead. The training had been effective in supporting staff to provide safe consistent care delivery. We observed good practice in moving and handling people, assisting people with their food and in delivering person centred care .

Staff told us the training provided them with the skills they needed and included practical sessions along with time to discuss specific areas of care. The manager reviewed staff training at supervision and supported them to complete the required programme. Staff received regular and on-going supervision. It was also an opportunity for staff to feedback any concerns they may have. Staff told us they felt supported at the home. One told us, "Really supportive team, great team working." Staff felt that information was shared effectively. This kept staff up to date of any changes and ensured they felt involved in the day to day running of the service. Staff were informed of any essential changes during daily hand over meetings and regular team meetings.

People were supported to have enough to eat and drink to maintain their health and well-being. Most people told us the food was 'good.' The menu offered choices of well-balanced nutritional food at mealtimes. Staff recorded people's food and fluid intake when it was necessary, the records were in the main clear and accurate. However, there was a need to ensure that staff documented how much fluid was reasonable for the person to receive and to be aimed for in 24 hours. It was discussed that fluid charts were only useful if there was a rationale and need for usage. Such as signs and symptoms of dehydration, infection and not drinking.

People's dietary needs and preferences were recorded. People told us that their favourite foods were always available. Diabetic, vegan, soft or pureed and other special diets were available when required. There were no vegetarians at this time.

We observed the mid-day meal service. The food was nicely presented by the staff and staff ensured that people had assistance as they required it and fruit was offered at meal and drink times. Hydration stations were set up in communal areas, which meant cold drinks were always available and offered regularly especially during warm weather. All staff had been informed of the need to encourage and offer drinks when the weather was warm. We were told that snacks were available during the evening and night if someone felt hungry. One staff member said, "The kitchen is always open we can access bread, cheese and soups." They also told us, "The chef uses full fat milk, cream for soups and adds cream to sauces, they can also make milk shakes if we ask."

Records showed that people had regular access to healthcare professionals, such as GPs, chiropodists, opticians and dentists and had attended regular appointments about their health needs. For example, we saw that advice had been sought for one person from the Speech and Language therapist and the directives had been followed by the staff. This person was now eating well and had gained weight.

# Is the service caring?

## Our findings

At the last inspection in March 2016, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people had not always been treated with dignity and respect and their confidentiality protected.

The Provider submitted an action plan detailing how they would meet their legal requirements by December 2016. Improvements had been made and the provider was now meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found that people were not always treated with dignity and respect and their confidentiality protected as much as was possible. The staff had a staff station which was situated to the far end of the communal lounge. All confidential papers were kept in filing cupboards and drawers and staff ensured that telephone conversations were taken elsewhere if there were people in the vicinity. However, staff said it was difficult at times especially if they needed to access the documents on the computer whilst talking on the telephone. Discussion took place of enclosing this area to provide staff more privacy and enable them to still be with people in the lounge area.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

This inspection found that people were treated with kindness and compassion in their day-to-day care. We observed staff assisting people with their meals in a way that was respectful and inclusive. They sat with the person and maintained eye contact whilst talking with them. Staff did not rush people. When people sat outside for lunch staff remained seated with them throughout the meal, this ensured that they were supported and prompted to eat and drink as necessary.

People were cared for, supported and listened to and this had a positive effect on people's individual needs and well-being. People who found it difficult to initiate contact were given individual time and one to one attention throughout the day. We were told, "Nice staff, they are kind, and gentle."

Staff ensured that people's dignity was protected when assisting them. We also saw that people's personal care was of a good standard and undertaken in a way that expressed their personality. People were supported to wear make-up and jewellery, and wear clothes of their choosing. When prompting people to eat or drink, staff talked in a quiet manner ensuring that other people did not hear. People's dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. Relationships between staff and people receiving support consistently demonstrated dignity and respect.

Staff promoted people's independence and encouraged them to make choices. There were people who

lived with mobility challenges and needed the assistance of staff to move around the home safely. Staff observed people discretely as they walked around the lounge and to and from their rooms, as they were at risk of falls, and supported them if required. Staff talked to people and asked them if they needed assistance, they explained to people what they were going to do before they provided support and waited patiently while people responded. One staff member said, "Lunch is ready, shall I help you to the table?" They crouched down to talk to the person face to face so they could see their expression, and waited until the person responded. Comments from staff included, "We try to ensure people are as independent as they can be, we might not agree but it is their choice." "We encourage people to do things for themselves, like eating their own meal, it might take a while but that's okay" and, "Giving them a choice in decisions that affect them is important and respectful."

People's equality and diversity needs were respected and staff were aware of what was important to people. Staff told us how they supported people to follow their lifestyle choices such as religion and supported them in maintaining their interests as much as possible.

People and their relatives had personalised people's rooms with their own belongings including furniture, photographs and ornaments. People were able to spend time in private in their rooms as they chose. Bedroom doors were kept closed when people received support from staff and we observed staff knocked at doors prior to entering. We observed friendship groups had developed between people and they were supported by staff to maintain these.

Relatives were complementary about the staff saying, "The staff are kind," "Staff are kind and caring" and, "Seem caring." Relatives told us staff were always polite and approachable.

The management team and staff had worked to improve the décor and environment for the people who lived there. This included wall art and the use of butterflies in corridors. The lounges and communal areas were comfortable and bright.

# Is the service responsive?

## Our findings

At the last inspection in March 2016, improvement was needed to ensure a person centred approach to delivering care and support. This inspection found that improvements had been made and further improvements planned.

People commented they were well looked after by care staff and that the service listened to them. One person said, "They listen to me." Another person said, "I am well looked after, they ensure that I get my pills and look after my health."

Staff knew the people they supported well and talked through how they offered support on a daily basis. The staff completed a handover sheet that was reviewed by a senior for accuracy and content. The manager has oversight of these forms and drives the continuous improvement of communication.

New care plans have been introduced since the last inspection. These were in need of action as they were not all reflective of people's needs and had not been updated to show changes to people's health and well-being. This was now in progress and actioned during the inspection. The provider and manager acknowledged that staff needed more one to one training and were arranging this. People received the care they needed and we confirmed this by spending time with people, talking to staff and reading the handover and daily notes.

Activities were provided and a programme was displayed around the home. Activities were an area that the organisation was continuously trying to improve. The provider employed two staff whose roles focused on coordinating, planning and delivering activities for people. These staff undertook their activity roles for 22 hours a week. Outside of these times care staff were responsible for meeting people's social needs. We spoke to one of the staff responsible for activities, they described the types and range of things people could become involved in. For example, regular external entertainment included pet therapy and singing entertainers. During the inspection we saw various interactive musical quizzes were undertaken along with one to one time. The manager informed us that for those people that remained on bed rest further stimulating sessions were being explored. Care staff told us they had usually had time to spend with people to chat. A staff member said, "We are encouraged to sit and chat, best part of the day." Regular outings were arranged and these included visits to garden centres and local attractions. The home had a large garden to the rear which we saw people used during our inspection. Staff recorded what people had been involved in during the day in people's care records. These also captured how people were feeling and what they had eaten and drunk.

The home encouraged people to maintain relationships with their friends and families. One person said, "My friends and relatives visit regularly and are always welcomed." Another said, "I feel the home is welcoming, my family visit regularly, staff always pop in and chat to them and offer them a drink." We saw that visitors were welcomed throughout our inspection and the interactions were warm and friendly. Visitors were complimentary about the home, "Very welcoming, and friendly" and, "Lovely home, clean and comfortable."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the manager or any of the staff, they are all wonderful." The manager said, "People are given information about how to complain. It's important that you reassure people, so that they are comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in." A visitor said, "If I had a complaint, I would speak to the manager, who is so visible and approachable, always there to talk to if I need to." Call bell responses were seen to be timely during the inspection visits and were monitored regularly by the manager.



## Is the service well-led?

### Our findings

At the last inspection in March 2016, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because good governance and accurate records were not in place.

An action plan was submitted by the provider detailing how they would meet the legal requirements by March 2017. Improvements had been made and the provider was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However the quality assurance systems needed to be established into practice to drive continuous improvement. This needs to be sustained over time.

There is a new manager at Prideaux House who came in to post in January 2017. They have submitted their application to be registered with CQC and an interview date arranged.

People told us they liked living at Prideaux House. Visitors said they were satisfied that the home was being well managed. One relative said, "There has been staff changes, everyone is so nice." A visitor said, "Yes I know who is in charge, very visible and approachable." Comments reflected on the approachability of the manager and senior staff working in the home and the belief that they listened to their feedback.

The provider had management structures in place that staff were familiar with. The staff were complimentary about the changes and the leadership within the home. One staff member said, "She has worked so hard, totally committed to improving, and she's fair and honest." Another said, "We work together and we are listened to."

Since the last inspection organisational audits were now being completed routinely. The quality monitoring systems had been developed. The manager confirmed that because the care plans had been overseen by a senior member of the organisation, they had not all been audited as yet. She stated they had looked at one. Due to issues found during the inspection in respect of the care plans this would now be a priority.

Medicine audits looked at record keeping and administration of medicines and the manager said action would be taken through the supervision process if issues were identified. Staff now audited each other on a daily basis and medicine errors had decreased. Audits for accidents, incidents, falls and skin tears were undertaken monthly and had led to a decrease in repeated falls and accidents.

The provider had been working with the new manager to develop the support and care provided at the home. From the updated action plans we saw a record of some of the improvements we identified, such as infection control, consent pathways and person centred care as well as areas for further improvements, with action plans to address them.

Relatives felt they were able to talk to the manager and staff at any time and the relatives meetings provided

an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One relative said, "If I have a problem I just talk to the staff or manager and they deal with it."

Staff told us they were involved in discussions about people's needs and were encouraged to put forward suggestions and opinions during the daily meetings and the monthly staff meetings. Staff said, "We are really encouraged to be involved in developing ideas for people, to ensure they are."

The manager said she used the notification system to inform CQC of any accidents, incidents and issues raised under safeguarding and we were able to check this on our system. We found information had been sent to CQC within an appropriate timescale.

Staff told us that they were clear on who they reported to and had access to the manager if needed. They felt there had been a lack of leadership in the past but was more confident with the current management arrangements. They told us that the changes in the management structure had been a positive development and that they were more supported. Three staff members when asked if they felt supported said, "It's better, we know we will be listened to." Staff were aware of the whistle blowing procedure and said they would use it if they needed to.

The management structure had responded positively to a number of concerns raised by local authority. Staff had been supported through the resulting investigation process and told us they had learnt a great deal from this. The management and staff had been open and honest where problems had arisen and were looking for ways of improving the service further. This proactive response to information was also evident throughout the inspection process where improvements were progressed immediately following identification. For example, care plans for one person who was refusing to eat and was now on a palliative care pathway. The staff were really enthusiastic about this change. Staff were involved in the decision making as a team.

Prideaux House had clear values and principles established at an organisational level. All new staff had a thorough induction programme that covered the organisation's history and underlying principles, aims and objectives. These were reviewed and discussed within supervision sessions with staff.

The provider sought feedback from people and those who mattered to them in order to improve their service. Meetings were used to update people and families on events and works completed in the home and any changes including those of staff. People also used these meetings to talk about the quality of the food and activities in the home. Meetings were minuted and available to view.

Staff meetings were now regularly held to provide a forum for open communication. Staff said meetings were an important part of communication as they could raise ideas, concerns, issues and feel supported by the staff team.