Mr David Krishnalall Jangali

Priory Lodge

Inspection report

62 Priory Street
Colchester
Essex
CO1 2QE

Tel: 01206797243
Website: www.priorylodge.org.uk

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Priory Lodge is a residential care home providing accommodation and personal care to people who require support with their mental health. The service provides support to up to 18 people. At the time of our inspection there were 15 people using the service, 4 people were not in receipt of personal care.

People's experience of the service and what we found:

Management did not have adequate oversight of the service and the provider lacked robust and effective governance systems to monitor the quality and safety of the service and improve care delivery. Incidents were not being reported correctly or investigated properly, and lessons were not learned.

The provider had missed some areas within the environment that posed a potential risk to people's safety, and fire safety and infection control arrangements needed strengthening.

Staff were kind and considerate towards the people they cared for. However, care and support delivered were more intuitive than knowledge based. Staff had a basic understanding and awareness of people's mental health needs. Care records contained insufficient guidance for staff to reduce risk, provide safe care and to promote and support people's wellbeing. Improvement was needed in staff training and development to enable them to deliver care and support that is responsive, person centred and in line with relevant guidance and best practice.

Improvement was needed to demonstrate the service was working within the legal framework for making particular decisions for people who lacked capacity to do so.

We received positive feedback from the staff team about the management of the service. However, systems and processes needed to be reviewed to ensure that the registered manager could demonstrate that people's individual needs were being met and staff were effectively supported to deliver safe care.
People we spoke with were happy living at the service. The atmosphere within the home was friendly and welcoming.

The registered manager was working closely with the local safeguarding and quality improvement team to reflect on the current practice within the home to ensure that lessons were learned, and to make improvements where needed.

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

Rating at last inspection
The last rating for this service was requires improvement (published 24 December 2019). The service has been rated requires improvement for the last four inspections. The provider failed to complete and submit

an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had not made improvement and was in breach of regulations. The rating for the service has changed to inadequate.

Why we inspected
The inspection was prompted in part due to concerns received about management oversight and responsibilities, staff training, skill and competence and people's care and support. A decision was made for us to inspect and examine those risks.

We undertook a comprehensive inspection to review all key questions.

Enforcement
We have identified breaches in relation to management and oversight, risk management and safety and staff training and support.
Please see the action we have told the provider to take at the end of this report.

Follow Up
We will meet with the provider and request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.
For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.	**Inadequate**
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 as not always caring Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well led. Details are in our well-led findings below.	**Inadequate**

Priory Lodge

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.

Inspection team
The inspection team consisted of 1 inspector on 9 and 11 October 2023 and 2 inspectors on 16 October 2023.

Service and service type
Priory Lodge 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 Lodge 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
The inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service.
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection
We spoke with 3 people who used the service. Some people did not want to give us feedback. We spoke with the provider, the registered manager and 6 staff members, including the cook and housekeeper. We looked at records relating to 6 people using the service, the recruitment 4 staff and training of all staff, management of the service and systems for checking the quality and safety of the service.

Inadequate

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Inadequate. This meant there were significant shortfalls in relation to the safety of the service. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
The provider did not always assess risks to ensure people were safe. Staff did not always mitigate identified risks.

- People's risk assessments and associated risk management plans did not specify how staff were to support people safely and effectively to meet their needs and minimise risk.
- They lacked guidance for staff on recognising and responding to early signs of distress and anxiety. Staff did not have the information needed to intervene through personalised de-escalation techniques or other agreed good practice approaches, to consistently reassure people. We were told by a staff member that staff managed situations differently, therefore placing individuals at risk of receiving care and support that was inconsistent, inappropriate and unsafe.
- Risk management plans for people cared for in bed, with a high risk of skin breakdown did not inform staff of how often the person was to be helped to reposition. Daily records showed repositioning was not carried out consistently. Staff were unsure how often people needed to be repositioned.
- Fire safety was not effectively managed. The provider was unable to demonstrate a suitable and sufficient fire safety risk assessment had been carried out by a person qualified and competent to do so. There was no accessible grab bag containing relevant information, current PEEPS (personal emergency evacuation plans), contact details and emergency equipment in the event of a fire.
- On our first day of inspection we found items that were obstructing a passageway to a fire exit and posed a trip hazard in an emergency evacuation. These items included, 2 hoists, 4 walking frames and 3 wheelchairs, staff lockers, 4 pharmacy boxes and a pair of trainers. On the second day we found the equipment had been removed from under the stairs but the lockers, a backpack and pair of trainers remained.
- Electronic PEEPS were limited in detail and did not consider essential information for a safe evacuation such as the person's level of awareness and co-operation, or any prescribed medicines that may cause drowsiness or emollient creams that can be a fuel source. One person's PEEP said they could 'self-evacuate' but this was no longer the case and the PEEP had not been updated to reflect this.
- There were no systems in place to regularly check the premises and safety of the living environment to support people to stay safe. Some wardrobes were unstable and posed a risk of harm if they fell over. Items that may be used to self-harm had not been identified and necessary precautions taken.

Systems were not robust enough to demonstrate safety was safely managed, placing people at risk of receiving unsafe care and support. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our inspection the registered manager has told us the premises has been risk assessed and action

taken to mitigate identified risks, for example, wardrobes have been secured to the wall. A suitably qualified person has been booked to carry out a fire risk assessment of the service and people's individual risk assessments are in the process of being reviewed.

Preventing and controlling infection
People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices.
● The provider lacked effective systems to check, monitor and ensure safe infection control practices were being maintained. The infection control lead had not identified shortfalls in preventing cross infection. There were no cleaning schedules which included frequent cleaning of touch points.
● Not all PPE (personal protective equipment) was dispensed from covered wipeable containers to protect them from contamination. For example, disposable hand towels were loose on a shelf in the laundry.
● Rolls of blue catering aprons, used by staff when dealing with food, were stored in the sluice room where soiled linen and equipment was processed, exposing them to contamination. Staff confirmed they accessed the blue aprons from here. The sluice room lacked a glove dispenser. Damp mops used for floor cleaning were piled near the door and were not being dried effectively.
● The laundry facilities were not maintained to minimise risk of infection. Flooring, skirting boards and windowsills were worn, peeling and permeable making cleaning ineffective. There was a build up of scum in the washing machine powder dispenser enabling bacteria to develop.
● The laundry policy did not describe how laundry was managed at this service, including handling and segregation of soiled and clean washing. There was a risk of soiled laundry being taken through the dining room to the laundry as alternative access was via the garden.
● The home had one cleaner who worked 3 full days a week. This was not sufficient to maintain a safe level of cleanliness throughout the week at the premises.

Systems were not robust enough to demonstrate safety was safely managed, placing people at risk of receiving unsafe care and support. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our inspection the registered manager has told us they have purchased dispensing containers for all PPE and located them appropriately around the service. Cleaning processes and schedules were being reviewed and improved.

Visiting in Care Homes
● People's friends and family could visit without restriction.

Systems and processes to safeguard people from the risk of abuse and avoidable harm; Learning lessons when things go wrong
People were not always safeguarded from abuse and avoidable harm.
● Staff at the service had previously been assaulted by some people using the service. Staff were not being given the training that enabled them to meet the needs of, and or effectively safeguard people. Staff were not equipped to manage people's distressed behaviours that posed a risk to themselves and others.

The lack of training in this area is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

People were not always safeguarded from abuse and avoidable harm
● Safeguarding incidents had not been well managed or appropriately reported. Incidents were not always

recognised as safeguarding concerns and alerts to the local authority safeguarding team and statutory notifications to the Care Quality Commission were not always made. This has since improved.
● At the time of the inspection, the provider was engaging with the local authority's safeguarding team, attending meetings to discuss ongoing concerns. The registered manager told us they had, "Learnt a lot from this experience" and had started to put systems in place.
●The registered manager and staff had recently received face to face safeguarding training from the local authority to enhance their awareness and understanding in this area.
● Reviews of incidents and accidents needed further development to ensure objective investigation to find what went wrong, and why, and learn lessons from them.

Using medicines safely
People were supported to receive their medicines in a way that was not always safe.
● Following our last inspection, the medication policy and staff training had been reviewed as recommended and the unsafe practice of decanting medicines had discontinued.
● Protocols for pain relief medicines prescribed to be given as and when required needed improvement to give the level of detail needed for safe and effective administration. Two people were administered PRN (as and when required) strong pain relief medicines. Records showed they were administered these medicines on a regular basis. There was no monitoring of the severity and duration of their pain to aid review by health care professionals. There was no information to show if medicines had been reviewed for effectiveness nor was there a process in place to highlight when a review was required. This was immediately raised with the provider.
● Where a person had been assessed as needing covert medicines (medicines hidden in food and drink). There was no agreed management plan for administering a person's medicine covertly including instruction from a pharmacist on how it could be crushed or details of when it was to be reviewed. We brought this to the registered manager's attention, and it was addressed during our inspection.
● Staff had received training in administering medicines and were assessed as competent to carry out this role.

Staffing and recruitment
The provider did not always operate safe recruitment processes.
● Prior to employment of overseas workers, the registered manager had failed to check and record their Right to Work on the Governments website. Overseas student workers Certificate of Sponsorship; and information about the educational course and term times had not been sought to ensure as a student they could work in the care industry legally. We brought this to the registered managers attention, and the checks were carried out during the inspection.
● The staff rotas did not identify oversea students or diarise term dates to demonstrate working hour limitations. It was unclear how this was being checked. The registered manager addressed this after our inspection.
● Staff felt there were enough staff to meet people's needs.

Requires 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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

People's needs were not always assessed and care and support was not always delivered in line with current standards. People did not always achieve effective outcomes.

- People's needs and choices were not always fully assessed prior to their admission or continually reviewed. This meant people were not assured the service was able to or could continue to meet their needs and achieve effective outcomes for them.
- Standards of care being delivered did not follow best practice guidance nor were they in line with current standards. There was a lack of focus on people's strengths and recovery to promote mental wellbeing and independence.
- Care and support plans failed to reflect people's aspirations and future goals or focus on people's quality of life outcomes.

People's care and support was not personalised specifically to them. This is a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

The service did not always make sure staff had the skills, knowledge and experience to deliver effective care and support.

- The provider did not have systems in place to ensure staff training was pro-actively planned for and provided in line with people's specific needs, staff learning gaps or best practice.
- Training in mandatory subject areas was provided by eLearning and repeated each year. Staff were not supported with a personalised development plan which reflected their professional development linked to their role or the needs of people they supported. For example, Parkinson's Disease, Epilepsy, Diabetes, Multiple Sclerosis, and alternative communication methods. However, since our inspection people with long term health conditions have moved to alternative services and the provider has changed their admission criteria.
- Many new staff had not worked in health and social care before and/or were recruited from overseas whose first language was not English. Staff spoke well of the eLearning they had completed but were unable to explain why it was good. They showed limited knowledge around mental health; they had not received training in associated and best practice areas such as positive behaviour support, de-escalation, break away techniques and physical intervention.

● The registered manager was unable to show how new and inexperienced staff were being supported to create a skilled and competent workforce. Formal supervisions and appraisal had lapsed and had only recently re-started. Supervision records were brief and did not show how staff were being effectively supported in their day-to-day practice or given the opportunity to discuss performance, development, and training needs.

Staff had not received the appropriate training, support and professional development as is necessary to carry out their role effectively. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

Since our inspection the registered manager told us that all staff had been enrolled to commence RQF (Regulated Qualification Framework) level 2 in social care.

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.

The provider was not always working in line with the Mental Capacity Act.
● Covert administration of medicines is when they are given without the persons consent or knowledge and hidden in food or drink. It is only likely to be necessary or appropriate where a person actively refuses their medicines but is judged not to have capacity, as determined by the Mental Capacity Act 2005, to understand the consequences of their refusal and if the medicine is deemed essential to the person's health and wellbeing. Whilst a decision for a person to receive their medicines covertly had been authorised by the GP there was no documentation to demonstrate the decision was made within a best interest decision making process, including regular review.

Following our inspection the registered manager told us they had been unsuccessful in getting a recorded best interest decision from the GP and had raised this with the local authority safeguarding team.

● Staff asked for people's consent before delivering care and support.

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 Safeguarding (DoLS)

● People who retained capacity were able to leave the building at any time, we observed this throughout the day.
● Where a person lacked capacity and were deprived of their liberty, the registered manager had submitted applications to the local authority to seek authorisation to ensure this was lawful.

Supporting people to eat and drink enough to maintain a balanced diet
People were supported to eat and drink enough to maintain a balanced diet.
● People told us they were happy with the food provided, one person told us, "The food is very very nice, we have a different menu every day and a choice in what we want." Meeting minutes showed people gave their requests for their choices of food, but consecutive meeting minutes did not show if requests were met or

how they were received.
● People were supported with specific dietary requirements. One person told us how they had been supported to lose weight at their request, to help them walk. A person with diabetes was given sugar free biscuits.
● People had their weight monitored but nutritional risk assessments were not always reviewed and revised to reflect current situations. We found where people had unintentionally lost weight there was no action recorded on how this had been followed up. The registered manager told us they had been referred to the GP and dietician.

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

People were supported to live healthier lives, access healthcare services and support.
● The GP service was located near to the service, and we saw one person was able to access the GP independently.
● People were supported to attend appointments with other healthcare professionals such as specialist clinics and psychiatrists.

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

People's individual needs were not always met by the adaption, design and decoration of the premises.
● The provider had an ongoing refurbishment and redecoration programme, the lounge, dining room, kitchen and wet room had been completed. People had been involved and expressed choice in redecoration.
● Other areas including people's bedrooms, conservatory and laundry room looked tired and dated, however they were included within the ongoing refurbishment programme.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

People were not always well supported

- People were relaxed in each other's company and in the company of staff.
- Staff were friendly and approachable and treated people kindly. However, the service did not understand the importance of ensuring staff had the right skills and time to know when and how to give people the right support they needed.

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

People were not always supported to express their views or be involved in decisions about their care. This was now being addressed by the registered manager and arrangements had been put in place for people to receive support from advocacy services.

- People had a named key worker of their choice to work with them to discuss their needs.
- Care records did not show people had been involved in the planning of their care.

Respecting and promoting people's privacy, dignity and independence

People's privacy, dignity and independence were not always respected and promoted. □

- The provider had CCTV at the service for communal areas. People had given consent when they were admitted to the service, however, there were no records to demonstrate their decision was regularly reviewed to ensure people's consent remained valid.
- Shared rooms did not have screens or curtains to provide people with privacy.
- Some people went out into the community independently. They told us, "We can do what we want, I get up when I want and go to bed when I want." People were asked if they would like a meal saved for when they returned.
- Some people had a key to their room to keep it locked should they wish to.
- The registered manager ensured that should people want to vote they were supported to do so.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

People did not always receive care and support that was planned and personalised.
● People's support plans were vague in relation to people's mental health, their strengths or abilities, wishes, aspirations and short and long-term goals. They did not reflect how all aspects of people's lives would be supported to lead fulfilled and meaningful lives.
● The registered manager told us staff had started to support people to develop daily living skills. We saw a person helping the cook in the kitchen to make a crumble. However, this was ad hoc rather than a planned approach. The person did not have an individualised support plan that reflected promotion or maintenance of life skills, interests or activities that were meaningful to them.
● Where people, who at times presented with depression or expressed distress or agitation, their support plans did not fully reflect triggers, de-escalation strategies or the positive support they needed.
● It was clear some people did not participate in the planning of their care.

People's end of life was not planned for to ensure a comfortable and dignified death.
● At the time of our inspection, no one was at the end stage of their life. However, the service was supporting some people with long term degenerative health conditions and their care plans did not demonstrate how staff were to respond to their specific and individual needs when they reached this stage. Meaningful conversation with people as part of their ongoing assessments and reviews would help to prepare a plan for the delivery of end-of-life care.

People were not receiving care and support that was tailored to their specific needs. This is a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2014

Since our inspection the registered manager has started to address this following care planning training delivered by the local authority to the registered manager and staff.

Improving care quality in response to complaints or concerns

People's concerns and complaints were not used to improve the quality of care.
● The service had a complaints policy. There were no systems in place to demonstrate how concerns were addressed and used to drive improvement. The registered manager told us there were no open complaints.

Since our inspection the registered manager has implemented a more robust system to review complaints

and concerns in a positive way to drive improvement.

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 not always supported to lead meaningful and fulfilled lives to promote their wellbeing.
● We saw people who lived more independently come and go as they pleased. One person told us they went out regularly to a social club. We saw others going out to the shops.
● Some people had little or no contact with anyone for long periods of time. Risks around social isolation had not been considered or managed for those people who remained in their beds each day, behind closed doors, and how this affected their mental health needs.

Since our inspection people with more prominent health needs have moved to an alternative service provision to meet their health needs.

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.

People's communication needs were not always understood and supported.
● The service had not explored communication methods, communication aids or assistive technology for a person who no longer was able to communicate verbally. A staff member told us this was an area for improvement.
● Care plans lacked detail on how staff could support people effectively with their communication needs; communication support was provided inconsistently.
● For people who were unable to talk to staff about their pain, assessment tools were not in use regularly to support staff in identifying verbal and non-verbal indicators of discomfort. An electronic Abbey pain scale had been completed for one person prescribed as and when required (PRN) pain relieving medication on 31 July 2023 and had not been recorded since. Abbey pain scale is a tool to be used regularly to guide staff on cause of pain, severity, when it occurs and what helps to make the pain better or worse.

Since our inspection people with more prominent health needs have moved to an alternative service provision to meet their health needs and they provider has amended their admission criteria.

Inadequate

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Inadequate. This meant there were significant shortfalls in the way the service was led. The leadership, governance and culture did not support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider did not have a fully supported and effective management structure. The provider did not monitor the quality of care provided in order to learn lessons and drive improvement.

- The provider has not achieved an overall rating of good since 2016. The provider had no overall plan for the continuing improvement, direction, or development of the service ensuring management and staff knew what was expected of them.
- The registered manager did not have experience of working with people with mental health needs and had not received training to support them in their role. Since our inspection the registered manager has enrolled to complete RQF (Regulated Qualification Framework) level 5 in social care.
- There was a lack of oversight and governance systems to effectively monitor the safety and quality of care provided and drive improvement. This included key areas such as staff training and development, risk management and learning lessons.
- A more effective learning and development plan was needed for staff to enable them to develop the skills and expertise needed to carry out their roles effectively. Particularly in mental health, communication skills, person centred care, diversity and engaging with people in purposeful activity.
- Supervisions had just re-started and had not been regular enough for staff to receive the right level of on-going and effective support they needed to create a positive workplace and competent workforce. There were no systems in place to provide ongoing support, de-brief and reflection for staff working with people who self-harm or present with distressed reactions.
- The provider had a range of purchased policies. These had not been checked to ensure they correctly reflected the service being delivered at Priory Lodge.

We found no evidence people had been harmed. However, systems and processes were not robust enough to demonstrate safety and quality were effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

There was not a positive culture at the service. The provider did not have effective systems to provide

person-centred care that achieved good outcomes for people.
● There were no clear set of values, aims and aspirations for the service which staff could follow or be a part of. Management and staff did not have a clear vision of the service they were providing.
● People's support plans did not include clear strategies to enhance their independence and did not evidence any future planning or consideration of the longer-term aspirations of each person. Goals and interests were not explored or developed.
● There was no system in place to ensure care plans, risk assessments and summary profiles were fully reviewed and revised to reflect changes in needs which meant information for staff was not always current and accurate.
● Staff did not maintain comprehensive records of how people's needs were being met and developed. Some daily handover notes and records lacked any information relating to experienced meaningful and fulfilling activity.

Systems and processes were not robust enough to demonstrate a personalised service with a positive culture. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

People and staff were not always involved in the running of the service and their protected characteristics were not always well understood.
● Management and the provider were not assessing everybody's experience of care and support to see if they could be improved upon in any way.
● Resident meetings were attended by people who were able to verbally communicate well with staff. However, work was needed to explore experiences of people with more complex needs and how involvement in their care was promoted.
● People did not have a plan of care and/or support that adequately demonstrated how the service responded to individual's needs in terms of their mental health and/or other long term health conditions, and how they impacted on their daily life and wellbeing. This meant people's recovery, well-being and optimal independence was not effectively promoted and sustained.

Systems and processes were not robust enough to improve the quality of the experience for people using the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

The provider had not created a learning culture at the service to improve care delivery.
● There had been insufficient learning and action to improve the service and delivery of care since the last inspection.
● The provider did not have effective and robust systems in place to ensure oversight and analysis of incidents, accidents, and people's behaviours to learn lessons from them.
● The service did not work in a creative and inventive way to enhance the lives of people and ensure every opportunity was maximised and available to them.

Systems and processes were not robust enough to learn lessons and drive improvement. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

The provider did not always work in partnership with others.
● There was no evidence to demonstrate the service had engaged in local and national forums or development groups which would assist in gathering best practice knowledge to support improvements in the service, for example mental health, Parkinson's Disease, Multiple Sclerosis and end of life care.
● The provider told us that they had difficulties accessing support from mental health services for people in distress and often had to manage this alone.
● The local authority had identified areas for improvement and were working with the provider successfully to support service development.

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 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure service users received personalised care that was responsive to their needs. Regulation 9(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have robust systems to ensure service users were not placed at risk of receiving unsafe care. Regulation 12(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate robust systems and processes to manage safety and quality, and drive improvement. The service was not effectively led. Regulation 17(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were supported by staff who did not have the right training, knowledge, skills and

competence to meet their needs safely and effectively.

Regulation 18(2)