

Priory Paddocks Care Home LTD

Priory Paddocks Nursing Home

Inspection report

Priory Lane
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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 Paddocks Nursing Home is a residential care home providing personal and nursing care to up to 40. The service provides support to older people in one adapted building. At the time of our inspection there were 17 people using the service, some of these people were living with dementia.

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

Since our last inspection of this location, there had been a change in the provider and management of the service. We found improvements had been made overall in the service.

The recruitment of staff was ongoing and there were sufficient staff numbers to meet people's needs. Staff were recruited safely. There were systems in place to learn lessons when things had gone wrong and actions to reduce future incidents happening. Risks to people were assessed and measures in place to mitigate them which reduced the risks of avoidable harm and abuse. People had access to their medicines when needed and the systems for monitoring medicines supported the management team to identify any shortfalls and address them.

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. People were supported to access social and health care professionals where needed and referrals were made to the appropriate professionals where required. People were provided with the support they required with their dietary needs.

People were supported by staff who were caring and compassionate. Their privacy, dignity and independence was promoted and respected. People's care records included assessments of their needs and guidance provided to staff in how their needs were to be met. This included people's preferences relating to their end of life care. People received support to access activities which reduced boredom and isolation.

There was a system in place to monitor and assess the service provided and any issues were identified and addressed. There was a complaints procedure in place, however, no complaints had been received since registration.

The service was clean and hygienic and good infection control procedures were carried out, including staff wearing appropriate personal protective equipment (PPE).

People were supported to have visitors from their friends and family. The environment was suitable for people using the service with the necessary equipment in place. There had been a recent issue of subsidence, which was made safe as soon as it was identified. There was ongoing work to address the issue.

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 the service under the previous provider was inadequate (published 27 April 2022). There had been breaches of regulation relating to staff training, governance, safety and safeguarding. The service under the previous provider had been in special measures.

This service under the new provider was registered with us on 20 July 2022 and this is the first inspection. The rating is now good, there are no breaches of regulation and the service is not in special measures.

Why we inspected

We undertook this comprehensive inspection as a newly registered service and to check improvements had been made since the new provider had taken over the service.

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 Paddocks Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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

This inspection was undertaken by one inspector.

Service and service type

Priory Paddocks Nursing Home 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 Paddocks Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

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 reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and observed staff interactions with people, such as during lunch. We reviewed the care records of three people who used the service and several medicines records. We also reviewed a range of records in relation to the governance and management of the service, including audits, training records and recruitment records of three staff members. We spoke with eight staff members including the registered manager, administrator, care, nursing, activities, maintenance and catering staff.

Following our inspection visit we received electronic and telephone feedback from six relatives of people using the service.

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 focused inspection under the previous provider we rated this key question inadequate.

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.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure staff were aware of how to reduce the risks of abuse, including policies and procedures and training for staff.
- Staff understood their responsibilities relating to reporting concerns of abuse to the appropriate authorities.

Assessing risk, safety monitoring and management

- People using the service and relatives spoken with told us they felt the service was safe.
- People's care records included risk assessments, which demonstrated the risks in their daily living were assessed and guidance provided to staff in how to reduce the risks. We saw records which demonstrated care plans were being followed, for example, people were supported to move position to reduce the risks of pressure ulcers.
- Safety checks were undertaken to reduce risks to people, this included mobility equipment, legionella and fire safety equipment.
- Staff had received training in fire safety and each person using the service had a personal evacuation plan in place, which described the support they needed should the service need to be evacuated in an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs and attend to people's requests for assistance promptly. There was a tool used to assist the management team to calculate the numbers of staff required to meet people's dependency needs.
- Ongoing recruitment of staff reduced the risks of insufficient staff numbers.
- People told us the staff were available when needed. This was confirmed in our observations.
- Records showed staff were recruited safely, this included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Records demonstrated staff responsible for administering medicines were had been trained and their competency assessed. Records showed people received their medicines when they needed them.
- There were systems in place for the safe storage of medicines. We reviewed the storage and recording for

controlled drugs, we sampled two sets of medicines and found they tallied with the records of stock in place, and records demonstrated regular stock counts were undertaken. Temperature checks were undertaken to ensure medicines were stored safely.

- Regular medicine audits and monitoring systems assisted the management team to ensure people received their medicines when needed, to identify any shortfalls and take action.

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.

Visiting in care homes

- People were supported to have visits from their friends and family safely and in line with government guidance.
- This was confirmed by feedback received from people using the service and people's relatives.

Learning lessons when things go wrong

- Where incidents and accidents had happened there were systems in place to reduce similar incidents happening again and to reduce risks to people. Any lessons learned were disseminated to staff.
- Falls analysis records identified potential patterns and trends and actions, such as referring to other professionals and using equipment, including pressure mats.

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 comprehensive inspection under the previous provider we rated this key question good.

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.

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

- People's needs were assessed with their input and their representatives, where appropriate. The assessments were used to inform people's care plans and risk assessments.
- The policies and procedures in place referred to legislation and good practice guidelines, such as National Institute for Health and Care Excellence guidelines.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role and in meeting people's needs effectively. The training programme related to the Care Certificate Standards, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received training in people's specific needs, such as dementia, dysphagia and diabetes. All staff, including care, maintenance and catering staff had received training to ensure they understood people's needs.
- Staff received one to one supervision meetings, which provided a forum to discuss their work practice, receive feedback and identify any further training needs.

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

- A member of the catering staff told us that the staff team kept them updated regarding people's dietary needs and specific diets to ensure they were being met. We observed discussions between care and catering staff when a meal was being served which demonstrated a knowledgeable staff team who knew people's needs and preferences well.
- People's care records included information about their specific dietary requirements and the support they required to eat and drink. This included how risks were reduced, for example with choking.
- During our inspection visit, we observed people were provided with three choices of meals and had access to drinks throughout the day. We saw people were being supported, where required, to eat their meals which was done at their own pace. People were provided with a range of different plates, dishes, plate guards and cutlery to meet their individual needs and to aid their independence.
- People told us they felt the quality of food was good and they got enough to eat and drink. One person's relative told us, "My [family member] has a good rapport with the chef at Priory Paddocks, [chef] regularly talks to [family member] about [their] dietary needs and [family member] finds the food excellent."

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

- Records showed, where required, referrals were made to health and social care professionals where there were concerns about people's wellbeing. This included GP, speech and language therapy team (SALT) and dietician. One person's relative told us how the service was monitoring their family member's nutritional intake when they had lost weight, and improvements had been made.
- The records demonstrated when guidance and feedback had been received, this was incorporated into people's care plans to ensure they were receiving the care they required.
- A member of staff told us they supported people to attend any health appointments to reduce the risks of having to wait for community transport.
- Staff had received training in oral care and people's records identified the support each person required.

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

- The service was accessible for people using the service, including to support people who used mobility aids.
- We looked around the service and found it to be well maintained, there was a maintenance staff member in post who undertook checks and actions required. One shower was out of use, this was in the process of being addressed.
- There was some signage in the service which assisted people to independently find their way to their own bedrooms and shared areas, such as bathrooms.
- There had recently been some movement on one part of the building, this was immediately made safe and people were supported to move bedrooms. We received a timeline from the registered manager regarding the issue and actions taken and were assured appropriate action was being taken to address the situation.

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.

- People's care records included assessments and information regarding people's capacity to make their own decisions. Where people required support to make decisions this was documented, including those appointed to make decision on their behalf and any best interest decisions made.
- Where people lacked capacity to make their own decisions, DoLS referrals had been made to reduce the risks of unlawful deprivation of liberty.
- During our inspection visit we observed people were asked for their consent by staff before they provided any support.
- Staff had received training in the MCA and DoLS.

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 comprehensive inspection of this service under the previous provider we rated this key question good.

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

- We received positive feedback from people using the service and relatives about the care and kindness demonstrated by staff. This was confirmed in our observations, staff were kind and compassionate when speaking with and about people who used the service.
- We asked one person if they felt the staff were respectful and they answered, "Of course they are." Another person said, "They [staff] are very kind, keep me comfortable."
- Staff had received training in equality and diversity and dignity and respect.

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

- People told us they chose what they wanted to do, for example when they got up and went to bed, if they wanted to participate in activities and what they wanted to eat.
- People's records included their likes and dislikes and preferences, such as the preferred gender of staff to support them with their personal care.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their independence, dignity and privacy was respected by staff. During our inspection we observed this in practice. To support people's privacy there were do not disturb signs which could be used when, for example, people were receiving support with personal care.
- People's records guided staff to ensure people's privacy, dignity and independence was promoted and respected.
- Dignity audits were carried out by a staff member who was the 'dignity champion.' This included observing staff when supporting people and providing guidance to colleagues.

Is the service responsive?

Our findings

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

At our last comprehensive inspection under the previous provider we rated this key question good.

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.

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

- People's care records included information about their assessed needs and how they were to be met.
- People told us the service was responsive to their needs. We saw staff were attentive to people's needs and requests for assistance were addressed promptly, including call bells. One person told us, "We have the bells we can use if we need help, they [staff] soon come." Call bell audits showed they were responded to in a timely way.
- A staff member shared with us examples of how the service responded to people's needs. This included one person requested that the staff member put up photographs in their bedroom, which was done.
- During our inspection visit, as person had telephoned an optician and made an appointment. The person was supported to attend the appointment in the community. This demonstrated their independence and decisions were being respected.

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 records included information about how they communicated and guidance for staff in how to communicate effectively with them.
- The registered manager told us documents could be made available, where required, for people in accessible formats, such as larger print.

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

- There was a staff member for organising and providing activities, which continued to be reviewed and improved. A programme of planned activities was in place, however, the registered manager told us that in addition to the planned activities, care staff undertook impromptu group and individual activities.
- During our inspection visit we observed care staff supporting people to make handprints on canvas. One person said they were planning to give the one they had created to a relative as a gift.
- The activities staff member told us how people were supported to participate in activities which interested them, including visiting entertainers and outings in the service's minibus. The registered manager told us

people were making memory boxes.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, which was posted in the service should people wish to refer to it. People and relatives told us they would raise a complaint if they needed to.
- There had been no complaints received since the service had been registered.

End of life care and support

- Where people had chosen to discuss their end of life decisions, this was recorded in their care records to ensure their preferences were respected when they required end of life care.
- Staff had received training in end of life care.

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 focused inspection of this service under the previous provider we rated this key question inadequate.

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.

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

- The registered manager and provider had clearly worked hard since registration, to provide people with good quality care, which was safe, effective, caring, responsive and well-led.
- Staff spoken with, who had worked in the service prior to the new provider, told us they could see improvements had been made and were committed to providing good quality care. One staff member referred to the service as, "Top notch."
- Some staff had the responsibility of being a 'champion' in an area they were interested in, for example pressure care. They were a point of contact for colleagues if they required guidance and undertook audits.
- To evidence staff were valued they could be nominated for employee of the month, if they were successful, they received a gift.

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

- There was a duty of candour policy in place which was understood. The registered manager explained the policy to us and when this would be used.
- All of the staff had received training in the duty of candour to ensure they understood the responsibilities of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their role and responsibilities in managing the service. This included providing us with the required notifications of specific incidents.
- A programme of audits and monitoring of the service were undertaken, which assisted the management team to identify shortfalls and address them promptly. Following audits an action plan was completed with clear timescales for actions.
- Staff understood their roles in providing quality care to people using the service and told us the service was well-led.
- At our last inspection of this service under the previous provider they had been rated 1 for their food hygiene in a local authority inspection. The lowest score is 0 and the highest is 5. At this inspection, the

service had now received a rating of 5.

- The service had worked hard to ensure staff received the training they needed to meet people's needs safely and effectively. A programme of training was being delivered which was kept under review.

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

- There was a system in place to receive feedback about the service from people using the service and their representatives. This included complaints and meetings. There had been satisfaction surveys at the beginning of the year when the service was under the previous provider. The registered manager told us these would be done in due course.
- People's relatives told us they were kept updated about their family member's wellbeing. However, one person's relative told us their emails were not always responded to.
- Staff meetings had been held. Minutes from staff meetings identified how staff had been guided in the expectations of their role, any changes in the service and ongoing improvements being made.

Working in partnership with others

- The registered manager told us how they had positive relationships with other professionals involved in people's care, this included GPs and health and social care professionals.
- Records demonstrated when guidance was received, this was addressed to improve people's wellbeing.