

St. Cloud Care Limited

# Priory Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Priory Court is a care home service with nursing providing personal and nursing care to 78 people aged 65 and over at the time of the inspection. The service can support up to 89 people. The home is divided into four units; residential (Tulip); residential dementia (Rose); nursing (Sunflower); nursing dementia (Oak).

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

There were not always sufficient staff to meet the needs of people on the nursing units. People told us how they often waited for a response to their call bell. Several members of staff told us the rotas frequently did not reflect the actual staff numbers on the day

People's daily records were not always up to date and some people's risks were not always detailed in a risk assessment.

There were audits taking place however these were not always robust particularly around record keeping and identified risk.

We have made a recommendation about aspects of risk management.

People told us that Priory Court felt very welcoming and staff were kind. They also said, "There is always a smile and a good morning, anything you want they go out of their way to help you with."

Staff told us the registered manager was kind and understanding and found him to be supportive and approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 24 December 2018).

### Why we inspected

We received concerns in relation to verbal abuse, neglect and treating people with dignity and respect. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full

report.

Since the inspection the provider has taken steps to address some of the shortfalls identified including bespoke training on daily note recording for all staff.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Priory Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to insufficient staffing levels, records not being accurate and up to date and leadership not always being robust.

#### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Priory Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Care Act 2014.

This was a focused inspection to check specific concerns about the safe care and treatment people were receiving, whether people were treated with dignity and respect and whether records were accurately maintained.

#### Inspection team

Our inspection was completed by three inspectors.

#### Service and service type

Priory Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This supported the home and the inspection team to manage any potential risks associated with Covid-19.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority and professionals who work with the service. We reviewed notifications and safeguarding concerns we had received from the service. Services are required to send these through to CQC as part of their requirements of registration. We used all of this information to plan our inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the support provided at the home and two family members. We spoke with eleven members of nursing and care staff. We also spoke with the registered manager, area manager and deputy manager.

We reviewed twelve people's care records, including their support plans, risk assessments and risk management plans. We also reviewed rotas for the week on one unit. We looked at some quality monitoring checks carried out at the home and asked for others to be sent to the lead inspector.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed further evidence submitted. We looked at quality monitoring checks; training data; quality assurance records and the service improvement plan. We reviewed minutes of residents' meetings and staff meetings, as well as actions taken, and lessons learned from accidents and incidents. We also spoke with representatives from the Clinical Commissioning Group and the local authority.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection we recommended the provider reviewed the needs of people and how staff were deployed around the building to meet those needs. At this inspection we found the provider had not made sufficient improvements.

- People told us there were not always enough staff at the service. Comments included, "They are short staffed at the weekends" and "Sometimes you wait ages for them to come when I ring my bell and staff say it's because there are not enough staff on duty." People told us that those who needed support to have a bath had to book this in advance. Despite this, there were times when this did not happen. One person told us they were supported to have just two baths since their arrival several months ago. They were given strip washes instead which they said was not adequate, "It's all down to not having enough staff."
- There were not always sufficient staff to support people, particularly on the Sunflower unit where people had higher nursing needs. Although on the day of the inspection there were sufficient numbers of staff, the feedback from staff was that this was not always the case. The registered manager told us that seven care staff and two nurses were required during the day on Sunflower. We saw from rotas that often there were fewer than seven care staff on duty. For example, on the Saturday prior to the inspection there were only four care staff in the morning and three in the afternoon instead of the expected seven.
- Staff told us the lack of staff impacted on the care they were able to provide. One said, "Weekends are most difficult. It makes you feel low and can affect the care. Even though they are short the care is provided but records are behind." Another told us, "They don't use agency, [care worker] staff call in sick and nursing staff have to cover their tasks. This means that care plans are not being reviewed as often. You have to neglect those duties when working with care staff." A third told us, "People are not having showers; to be honest with you, we are rushing with the food, rushing feeding people. Some people need an hour. Some people are missing out on supper."
- Some people who lived on the Sunflower unit told us they often waited long periods of time between meals. One person said, "My breakfast arrives at 10.00 which means I have gone without food from suppertime at 17:00 the day before." They explained they were diabetic, and their insulin should be administered 30 minutes before a meal. A member of staff confirmed this and expressed their concern about possible impact on the person's health.
- A member of staff fed back there were not always two nurses at night which they felt was unsafe particularly when caring for more than forty people with nursing needs. We saw from the rota that only one nurse was rostered to work that night and also for two nights prior to this.
- The probable impact of staff shortages was evidenced on people's care and recording in care records. For

example, where a person was on 30 minute checks 24 hours a day due to being at high risk of falling, there were numerous gaps on the chart. Staff we spoke with told us they did carry out these checks as per the chart but did not always have time to record it.

- One person's care record stated they required staff support with their daily bath or shower. There was no record of the person being supported with either between 06 February and 22 May; 30 May and 27 July. Another person's record had nothing recorded after 07 April.
- Staff told us they received a letter sent by the area manager in the early days of the pandemic, thanking them for their commitment and saying they were valued. However, whilst they believed this letter was well meant, many said they did not feel valued by the provider because they felt the under-staffing concerns were not being addressed.
- One told us, "Staff are feeling undervalued, there's a lot of sickness [because] staff have double the case load." Another said, "We might be doing care and nurse duties on the same day. We are not able to finish our things properly and they don't use agency."

Failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had systems in place to ensure staff were safe to work with people before they started working at the home. References were checked and a Disclosure and Barring Service (DBS) certificate obtained before staff started work at the home. The DBS allows employers to find out if a potential staff member has any criminal convictions or they have been barred from working with adults receiving care.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One said, "Staff are wonderful. They are very good, very nice." Another said, "Yes I feel very safe; at night, staff are very nice." Relatives spoke positively about the care their family member received, "Never had a concern, feel [family member] is safe here. Staff were very good with [family member]. I get a sense [family member] likes everybody."
- Staff displayed a good level of understanding and knowledge around safeguarding procedures. They received training in this area and were confident about their responsibilities to report any concerns. One told us, "I know the sequence of how to report concerns, I would immediately speak with nurse on duty about my concerns."
- However, the registered manager had not fully responded to recommendations made by the local authority at the time of the inspection in relation to a safeguarding concern, one of which was to carry out a night-time spot check. This was rectified on the night following the inspection. CQC were sent the outcome of this visit; there were no identified actions and staffing levels on the night reflected what was on the rota.

Assessing risk, safety monitoring and management

- Risk associated with people's care was not always managed in a safe way. There was inconsistency around the assessment of risk. For example, one person called out to us for assistance as we went past their room. It was obvious to us that this person did not know how to use their call bell. There was no risk assessment in their care plan around the person not being able to use their call bell or actions staff should take to ensure staff were alerted when the person needed support.
- We saw that details on some repositioning charts were not explicit. For example, the entry on one person's repositioning chart merely documented 'repositioned'. There was no explanation of what position the person was changed from or to. This posed a risk to the person's skin integrity if staff were not aware of the person's previous position.

We recommend the provider ensures that all risk assessments are in place and are clearly documented.



- However, for others, there were detailed risk assessments built into their care plans to mitigate risks. These covered a wide range of areas such as communication, mental health and wellbeing, medicines, continence needs, skin care, personal care, mobility and nutrition and hydration.
- We checked their care records and confirmed that risk assessments reflected people's individual risks. For example, there were bed rail risk assessments where a person had bed rails. Where a person tended to store food in their mouth, their risk assessment gave clear guidance about how to mitigate the risk.
- Health and safety checks and maintenance of the building and equipment were completed. Safety checks were carried out on the gas supply, fire alarm, water supply and electrical equipment. This helped to minimise risks associated with safety issues.

#### Using medicines safely

- There were appropriate systems in place to ensure the safe storage and administration of medicines.
- People's medicines were recorded in all the MARs and were easy to read. The MAR chart had a picture of the person and details of allergies, and other appropriate information. There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use.
- Staff undertook training around medicines and their competency was observed and assessed before they were signed off.
- We saw that time critical medication was administered appropriately. A family member told us how their relative's complex medicine regime was managed well by nursing staff.

#### Preventing and controlling infection

- The home was clean and tidy and there were no concerns around infection prevention and control. The registered manager implemented enhanced daily cleaning in response to Covid-19 pandemic which was still in place.
- The provider's most recent submission to the COVID-19 capacity tracker confirmed they had sufficient supplies of PPE at all times.
- People told us staff helped to protect them from the risk of COVID-19 infection. One person said, "The staff have done a good job keeping us safe since COVID-19 hit this country. They make sure they wear the right personal protective equipment [PPE]."
- Staff followed clear policies and procedures on infection control that met current and relevant national guidance. We observed they wore the correct PPE throughout the inspection day.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager. Where people had accidents, involvement from health care professionals was sought when required.
- The registered manager responded to incidents by reviewing the underlying causes and taking action based on their findings to prevent recurrence. For example, where a person had an unwitnessed fall, staff advised the person on how to mobilise safely. They also completed a body map on consecutive days to check for bruising.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always 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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we recommended that the provider continued to improve the consistency and accuracy of written records, so they better reflected the actual care and support given to people. At this inspection we found the provider had not made sufficient improvements.

- Staff spoke positively about the registered manager. One said, "I can tell [The registered manager] absolutely anything. He is normally very visible and always at the end of a phone." Others said, "He is a nice person, has a good rapport with everyone and is very approachable," and, "It's been tough for the past few months. The registered manager has been pretty much running things singlehandedly as the clinical lead was stuck abroad [COVID-19 travel restrictions]."
- However, there was a lack of robust oversight from the provider to ensure the quality of records and care being provided. For example, one person's care record had no recorded daily entries on two days and just one entry on another. Another had no entry on one day and just one on another. As stated in the Safe domain of this report, there were inconsistencies in how risks were being managed as the recording of care was inconsistent or missing, for example how and when people were repositioned. This had not been identified through the provider's quality monitoring systems
- Staff told us how care plan reviews were overdue. One told us, "Nurses have to help with the caring which has a domino effect - reviews aren't as regular. Management now have senior carers giving medicines, but this still needs to be checked by nursing staff."
- The provider submitted their continuous improvement plan (CIP), which was last updated on 03 August 2020. This failed to identify where there were shortfalls in record keeping. Following inspection, the provider confirmed to CQC that bespoke training on daily notes recording was booked for all staff on 25 August.
- Our last inspection in October 2018 found that improvements were needed in how care records (such as fluid/food charts and risk assessments). At this inspection we found those areas for improvement remained the same and the provider had not made or sustained improvements to how care records were completed and monitored.
- In addition, the provider was aware at the last inspection of improvements needed to the deployment of staff. It was clear from the review of staffing rotas in the weeks before the inspection that the minimum staffing levels assessed as being required had not been achieved. The provider had not effectively

monitored and improved this aspect of the service following known shortfalls.

This is a breach of Regulation 17 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People who used the service gave positive feedback about the registered manager and told us they were approachable. One told us, "[Registered manager] is a special case. He is very fair and comes on the floor a lot." Another said, "The manager is a charming man and very thoughtful." A family member told us, "[Registered manager] handled everything well when my relative moved in, including liaising with the hospital."
- Staff said they received good support from the registered manager and deputy manager. They said they received one-to-one supervision ['job chats'] which enabled them to discuss their role and any concerns they had. One member of staff told us, "They are very supportive. I feel comfortable talking about anything with either of them. Another told us, "I know that I don't have to wait for supervision, they will always make time to hear me."

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

- Duty of candour requirements were understood and met by the registered manager.

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

- The COVID-19 pandemic meant that care homes were mandated by the government to restrict visitors from outside. The provider carried out a COVID-19 pandemic resident survey to get people's views on how they felt the provider managed the impact so far.
- Through the survey, people requested to physically see their families as soon as it was permitted. As soon as this restriction was eased, the provider facilitated family visits in a safe way. A designated games room was also developed in response to the survey.
- The provider had a policy 'Meeting the needs of our Lesbian, Gay, Bisexual, transsexual (LGBT +) residents' which set out their commitment to supporting residents in expressing their sexuality and conducting personal relationships. Staff whom we spoke with were aware of this policy and told us they respected people's right to express their sexuality and supported their choices in accordance with the person's wishes.

Working in partnership with others

- We saw the service engaged with professionals where people required additional support with their healthcare needs. Feedback from professionals we spoke with from the local authority and the clinical commissioning group (CCG) was mainly positive. One professional told us how the quality of recording in daily care records had been an ongoing action from previous visits. However, they said, "Both the registered manager and area manager are very accepting of support." Another said, "There is never any defensiveness when I arrive and there is usually a nice atmosphere in the home."
- The provider launched their "Nurtured" project in July 2020, to improve staff knowledge and understanding residents at risk. Part of this included increasing staff confidence and knowledge to discuss "at risk" residents with external stakeholders. These included GP, local authority, CCG and CQC.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure that systems and processes were established and operated effectively

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider failed to ensure there were sufficient numbers of staff to support people.