

Halliwell Homes M/C Limited

Priestnall Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection was carried out over three days on the 30 and 31 January and 1 February 2017. Our visit on 30 January 2017 was unannounced.

At the last inspection on 23 and 24 November 2015 we rated the service as requires improvement overall. We identified four regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to medication administration, consent, staff training, and good governance.

This inspection was to check satisfactory improvements had been made and to review the ratings. At this inspection we found multiple breaches of the regulations. These were in relation to safe care and treatment, consent, premises and equipment, good governance, staffing and fit and proper persons employed. We are currently considering our options in relation to enforcement in relation to some of the breaches of regulations identified. Full information about the Care Quality Commission's (CQC) regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Priestnall Court is situated in Heaton Mersey, a residential area of Stockport. The home provides support for up to twenty four people, who require help with personal care. At the time of our inspection twenty four people were living at the home. Nineteen bedrooms have en-suite bathrooms and are of single occupancy, although one double room is available for those wishing to share facilities. A passenger lift is available for easy access to the first floor level. On the ground floor the communal areas consist of an attractive dining room, two lounges, one contained a television for people to watch and there was also a quieter lounge for people to sit and talk. Car parking spaces are available to the front of the building and there is a well maintained garden to the rear of the property. A variety of amenities are within easy reach, such as shops, a library, supermarket, pub, restaurant, park and a cinema. Public transport links to Stockport town centre are nearby.

The home had a manager registered with the Care Quality Commission (CQC), who was present throughout the three days of inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

Some medicines were not managed safely. For example we found there were not always clear, detailed written directions for the use of prescribed creams to enable staff to apply the creams as intended by their general practitioner (GP). This meant there was a risk prescribed creams may not have been applied when required, which could have resulted in unnecessary discomfort to the person and people were not receiving their medication as prescribed.

We saw that one person had not completed the full course of antibiotics that had been prescribed when

they were discharged from hospital following an infection. Because of the concerns in relation to this part of medicines management we raised a safeguarding alert with the local authority. These concerns were formally progressed under the local authority safeguarding protocol.

We had concerns in relation to staff supervision. Since our last inspection staff had only received one supervision session and no staff had received an annual appraisal. This meant that staff were not being appropriately guided and supported to fulfil their job role effectively.

Recruitment processes required improvements to ensure only suitable staff were employed to work with vulnerable people.

Some of the routine safety checks in the home had not been undertaken for example the nurse call bells, portable appliance testing (PAT). Other safety checks, for example means of escape, fire alarm testing and emergency lighting had not been undertaken since November 2016. This meant the provider could not be sure people using the service were safe at all times.

We saw there were no temperature recordings of two freezer temperatures and there was no evidence of cooked food temperatures being taken prior to food being served to people. This meant there was not adequate temperature controls in place to ensure food was kept and served at a safe temperature. Due to these concerns and the potential risk to people we forwarded the information to the food safety agency at Stockport Metropolitan Council.

From looking at the training records we found there were some gaps in staff training. For example, not all staff had received food hygiene training, safeguarding adults training, moving and handling training, end of life training and infection control training.

We saw that the home had its own induction process. However there was no evidence in the staff files to demonstrate that four people who had commenced employment since our previous inspection had undertaken induction.

We saw that some people's care needs identified from their medical history did not have a corresponding plan of care in place to direct care staff on how to meet the individual care need. This meant there was risk that people could receive unsafe and inappropriate care.

Staff spoken with understood the need to obtain verbal consent from people using the service before a care task was undertaken and staff were seen to obtain consent prior to providing care or support. However we saw that consent for some people had not been appropriately obtained from a person who had the legal authority to give consent on the person's behalf.

Limited systems were in place to monitor the quality of service people received. For example there were no audits or reviews taking place of people's care records, staff training, staff recruitment files, accidents and incidents and general cleanliness and infection control within the home.

During this inspection it was found that notifications in relation to an allegation of abuse, three Deprivation of Liberty safeguards (DoLS) authorisations and six deaths of people living at Priestnall Court during 2016 had not been made to the Commission.. This meant the registered manager and the registered provider had not complied with their duty to notify the Commission of required events.

People were supported by a caring staff team and staff we spoke with told us if there was no staff sickness

they thought there were sufficient staff to safely meet people's needs. However, we found there was not a systematic approach to determine the number of staff and range of skills required to meet the needs of the people who used the service. This meant the registered provider could not be sure that the staffing levels and skill mix of staff was sufficient to meet the assessed needs of people living at Priestnall Court. We made a recommendation that they implement the use of a staffing tool. A staffing tool recommends appropriate staffing levels based on people's health and social care needs and dependency.

We saw there was a concerns and complaint policy included in the statement of purpose that was given to each person on admission to the home. The people living at Priestnall Court who we asked and the visiting relatives we spoke with told us they had never raised a complaint but thought the manager would be responsive if they did.

We saw the food looked and smelt appetising and was attractively presented with good size portions.

The home was clean and well maintained and we saw staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection.

People had a personal emergency evacuation plan (PEEP) in place. These plans detailed the level of support the person would require in an emergency situation in order to safely evacuate the home.

People had access to healthcare services including a speech and language therapist, district nurse, dentist, optician and chiropodist. We found people were supported to attend hospital appointments as required.

From our observations of staff interactions and conversations with people, we saw staff had good relationships with the people they were caring for. The atmosphere felt relaxed and homely.

We saw that meaningful activities were provided by an activity co coordinator based on people's personal preferences.

The three visiting healthcare professionals we spoke with told us they had no concerns for the people living at Priestnall Court and they said they thought good and safe care was provided.

There were no restrictions in place on people's movement within the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not safe.

Shortfalls were found in the administration of medicines.

The recruitment processes in place were not robust to ensure only suitable staff were employed by the service.

Not all environmental safety checks had been undertaken for example portable appliance testing, and nurse call bells.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff had not received an annual appraisal or on-going, regular supervision.

Not all staff had undertaken training or updates as required which meant people were at risk of receiving unsafe and inappropriate care.

Four members of staff had been recruited since the previous inspection and there was no evidence they had undertaken an induction process.

Staff understood the need for and sought consent from people before providing care or support on a day to day basis but written consent to care and treatment was not always obtained in line with legislation.

Is the service caring?

Good ●

The service was caring.

Staff were seen to be kind and caring in their interactions with people.

People looked content and well cared for and people we spoke with confirmed this.

People living at Priestnall Court told us the staff were kind and

caring and their privacy and dignity was respected.

Is the service responsive?

The service was not responsive.

Some care record instructions were vague and did not include details of exactly what assistance the person required to meet their assessed care needs.

We saw that people's needs were assessed prior to admission to ensure the home could meet their individual needs.

People were offered meaningful activities suited to their individual interests and preferences.

Requires Improvement ●

Is the service well-led?

The service was not well led.

At the time of this inspection the manager was registered with the Care Quality Commission (CQC).

The registered manager and registered provider have a duty to notify CQC of certain incidents and this had not been done.

The quality assurances systems in place were not sufficiently robust to identify the issues and concerns we found during our inspection.

Inadequate ●

Priestnall Court

Detailed findings

Background to this inspection

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

This inspection was carried out over three days on the 30, 31 January 2017 and the 1 February 2017. Our visit on the 30 January 2017 was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. This included previous inspection reports, the provider's action plan and the monthly update of its implementation following the last inspection. We also reviewed notifications that the provider is required to send to us so that the Care Quality Commission (CQC) can assess if appropriate action had been taken. Including relevant people being alerted to certain incidents such as the death of a service user, a safeguarding matter or a serious injury.

We sought feedback from Stockport Healthwatch, Stockport's local authority quality assurance team and the Control of Infection Unit. We received feedback from Stockport's quality assurance team. No issues of concern were received.

We did ask the provider to complete a Provider information return (PIR) prior to the inspection. However the inspection was undertaken prior to the return deadline date so was not included in this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visits, we spoke with the registered provider, the registered manager, the deputy manager, three care staff, one cook, three visiting health care professionals, five visitors and seven people living at Priestnall Court.

We looked around the building including some bedrooms, all of the communal areas, toilets, bathrooms, the kitchen and the garden area.

We examined the care records for four people living at Priestnall Court. We reviewed a sample of medicine administration records, the recruitment and supervision records for four staff, training records and records relating to the management of the home such as the quality assurance systems.

Is the service safe?

Our findings

At our previous inspection in November 2015, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to medication. At this inspection, we found there had not been sufficient improvements in this area, and the provider remained in breach of this regulation.

We found there were no clear, detailed written directions for the use of prescribed creams to enable staff to apply the creams as intended by their general practitioner (GP). For example one person was prescribed a pain relief cream but there was no plan of care for the use of this cream and no written details of where or why the cream had been prescribed. This meant there was a risk prescribed creams may not have been applied when required, which could have resulted in unnecessary discomfort to the person.

The home operated a Monitored Dosage System (MDS). This is a system where the dispensing pharmacist places medicines into a cassette containing separate compartments according to the time of day the medication is prescribed. A visual check of the cassettes demonstrated that medication had been given to people as prescribed by their doctor. However we undertook a tablet count of individually boxed medication that was not included in the MDS system. We found in one instance there were discrepancies as there were three tablets too many and in another instance there were three tablets short. For another person we saw they had been prescribed a course of antibiotics on discharge from hospital for an infection but they had only taken half the course of antibiotics. This meant there was a risk people had not received their medications as prescribed by their doctor and could put them at risk of harm. Because of the concern in relation to the full course of anti-biotics not being given we raised a safeguarding alert with the local authority. These concerns were formally progressed under the local authority safeguarding protocol.

There was a system in place for recording the temperature of the medicines storage fridge and the temperature of the room where medication was stored. On day one of the inspection we saw there were three gaps in the recordings from 4 November 2016 to 22 November 2016 and there were no temperature recordings from the 22 November 2016 to the 30 January 2017. In addition the minimum fridge temperature should be 5 degrees centigrade but all the recordings seen from 18 October 2016 were between 3.2 and 4.1 degrees centigrade. The registered manager said that they were in the process of looking into purchasing a new medicines storage fridge. This meant there was a risk that medication may not have been stored consistently at the correct temperature which could compromise the stability of the medicines stored. On day two of the inspection we saw that the records of the temperature recordings had been altered since we last viewed them and there were no gaps in the recording of temperatures of the medicines storage fridge and the temperature of the room where medication was stored. This demonstrated that the records from day one had been tampered with possibly falsified. This was discussed with the provider, the registered manager and the deputy manager. We were assured this would be fully investigated.

We asked how the home stored and recorded medication that was to be disposed of. At the time of this inspection we were told there was no medication waiting to be returned to the dispensing pharmacy. We asked to see the record kept of medication that was waiting to be disposed of. We saw that the last recorded disposal of medication was in February 2016 and the deputy manager acknowledged that the

records had not been adequately maintained. In line with the Royal Pharmaceutical Society of Great Britain, The handling of Medicines in Social Care, when medicines are disposed of the service needs to make a record to show that they were handled properly. This had not happened.

We were told that care staff were not allowed to administer medication until they had received appropriate training and a competency assessment. From looking at the computerised online training record we saw that five members of staff had undertaken safe administration of medicines training, although it is further discussed in the effective section of this report that the training records were not up to date. There was no evidence that any competency assessments had been undertaken. The registered manager and the deputy manager told us that they did not formally record the competency assessments even though they were undertaken. A competency assessment is considered good practice to ensure staff are safe and competent to administer medication. The registered manager told us they would formalise the process.

During this inspection we were told that a safeguarding issue had been raised in November 2016 in relation to some controlled drugs. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. The registered manager was able to demonstrate procedures that had now been put into place with regards to the recording of all controlled drugs in the home following the issue being raised. The Commission had not been notified of this although it was sent to us retrospectively following the inspection. This is further discussed in the well led section of this report.

The above examples demonstrate a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

During the course of the inspection we saw that the registered manager had implemented a list of staff signatures to show those staff with the responsibility for administering medication. Such a list enabled the registered manager to identify staff who had administered medicines or made an error.

During our inspection we reviewed four staff personnel files, all of whom had been recruited since the previous inspection in November 2015. In one file we saw there was no evidence of proof of identity or proof of address and there was no photograph of the employee. We saw there was a gap in their employment history and although we were given a verbal explanation for this there was no written evidence to confirm it. In the same file we saw there were two references but neither reference was from the person's last employer. The registered manager gave an explanation for this but there was no written evidence to support the explanation given. In another two files there was only one reference and three of the files looked at did not contain a contract of employment. This meant that appropriate checks were not undertaken to ensure suitable staff were employed.

The registered manager told us there was no audit process in place for staff files. The Health and Social Care Act (2008) Regulated Activities Regulations (2014) Schedule 3 sets out the information required when employing people. As there was no audit processes in place for staff files the registered provider could not be sure that all the relevant information had been received for each new member of staff employed in the home.

The above examples demonstrate a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

In all four staff files we saw evidence that a Disclosure and Barring Service (DBS) first check had been received. The DBS is a national agency that holds information about criminal records. DBS checks aim to

help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people.

During the inspection we saw evidence of on-going maintenance and refurbishment work to ensure the continuing upkeep of the home for the people living there. For example, since our previous inspection we saw all the communal areas on the ground floor had been re-decorated and refurbished which included new flooring, new curtains and new soft furnishings. However, it was noted that there was not a formal system for reporting any required maintenance work or evidence that the work had been undertaken. The registered manager acknowledged this and made assurances that a process would be implemented.

We saw that some safety checks had been carried out to help ensure people were cared for in a safe environment. For example, we saw evidence of servicing of the passenger lift and mechanical hoist; we saw a gas safety certificate and that the fire extinguishers had been checked on 17 January 2017. We saw that everybody had a Personal Emergency Evacuation Plan (PEEP). These plans detailed the level of support the person would require in an emergency situation. This meant in the event of an emergency evacuation the risk to people being evacuated effectively would be reduced.

At the start of our inspection we saw none of the windows in the home had window restrictors in place and none of the free standing wardrobes were secured to the wall. However once brought to the attention of the registered manager, during the course of the inspection, we saw that window restrictors were fitted to all windows and all wardrobes were secured to the wall to help mitigate risks to people.

We identified shortfalls in some of the safety checks. For example there was no evidence of an electrical safety certificate and there was no evidence that many of the electrical appliances had undergone a portable appliance test (PAT). Following the inspection we were sent a copy of the electrical safety certificate and were sent confirmation that PAT had commenced on the 13 February 2017.

We saw the last recorded checks of the emergency lighting, fire alarm testing and means of escape was in November 2016. This meant that there was a risk people were not being cared for in a safe environment.

There were no detailed environmental risk assessments of the premises which would help mitigate potential risk to people using the service.

The above examples demonstrate a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Premises and equipment.

During our inspection we looked around the home, at all the communal areas, toilets, bathrooms, the kitchen, the garden area and a sample of bedrooms on each floor of the home. We saw that people's bedrooms were nicely furnished and people had been able to personalise their own rooms.

There were twenty three bedrooms and nineteen of those bedrooms had en-suite facilities. We saw that all of the en-suite facilities had a domestic bath and we were told by the registered manager that at the time of our inspection nobody living at Priestnall Court were able to use the domestic baths in the en-suite rooms. This meant there was one walk in shower and one assisted bath both situated on the first floor of the home that people used.

We saw that although the home was clean there was no evidence that the service undertook any formal, internal infection control audits or regular checks to ensure a high standard of cleanliness was being maintained.

The Food Standards Agency had conducted an inspection in March 2016 of the kitchen and the home was awarded the rating of a Level 4 (Good). During this inspection we found the kitchen area was clean with the exception of the top of the inside of microwave which was dirty with what looked like encrusted food. We found the cleaning schedule was vague and did not clearly evidence the cleaning that was required to be undertaken and did not include the cleaning of the microwave. There was not a cleaning schedule in place for deep cleaning. The cook assured us that deep cleaning did take place on a regular basis although it was not recorded. We saw there were no temperature recordings of the two freezer temperatures in the cellar and there was no evidence of cooked food temperatures being taken prior to food being served to people. We discussed this with the cook who told us they did take the cooked food temperatures before the meals were served to people but they were not recording this. This meant there was not adequate temperature controls in place to ensure food was kept and served at a safe temperature. Due to these concerns and the potential risk to people we forwarded the information to the food safety agency at Stockport Metropolitan Council.

The above examples demonstrate a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We saw the service employed one member of domestic staff and the night staff and evening staff had some cleaning duties as part of their role. We found that the cleaning schedule completed by the member of domestic staff was vague and did not evidence exactly what had been cleaned and when. The night staff cleaning schedule had not been completed since the 30 December 2106 and the evening staff cleaning schedule had not been completed since the 8 November 2016.

We saw an infection control policy that was accessible to staff and during the inspection the registered manager obtained a copy of the Department of Health's code of practice on the prevention and control of infections. This code of practice helps the staff to maintain good infection control practices in the home. We saw the use of colour coded mops for cleaning and we saw stocks of cleaning products which helped staff to maintain good standards of hygiene and cleanliness throughout the home. All cleaning products were stored in the cellar for people's safety. We saw that data safety sheets had been obtained, from the suppliers for the cleaning materials used in the home and a copy was kept with the cleaning materials in line with the Control of Substances Hazardous to Health (COSHH) Regulations. COSHH is the law that requires employers to control substances that are hazardous to health.

All bathrooms and toilet areas were clean and contained wall mounted liquid soap and paper towel dispensers.

During our inspection, we saw personal protective equipment (PPE) such as disposable aprons and gloves were available throughout the home as was hand sanitiser, which would help reduce the risk of cross infection.

Care staffing levels in the home consisted of three care staff from 08.00am until 10.00pm and two care staff from 10.00pm until 08.00am. We were told that in addition a senior carer was always on duty from 08.00 until 10.00pm. The registered manager worked 09.30 until 17.00pm Monday to Friday. There were also two cooks and one member of domestic staff on duty during the day. We reviewed four weeks rotas and saw that the staffing levels were consistent with what we had been told. Care staff spoken with told us if nobody phoned in sick they felt people's needs could be safely met by the number of staff on duty. At the time of the inspection the registered manager told us three part time care staff vacancies were currently being advertised and three part time posts were in the process of being recruited to. Staff told us that as part of their paid care hours they were expected to undertake laundry duties and prepare and serve the evening

meal. During our inspection we did not observe anybody having to wait long periods of time for assistance.

We saw there was not a clearly identified first aider working on each shift in case of a first aid emergency. The registered manager said this information would be included in future copies of the staff rota. This meant the identified first aider on shift would lead any emergency situation should one arise. The registered manager also stated they would include the designation of all staff on the rota.

We were told there was no formal tool used to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times. Staffing levels and skill mix must be continuously adapted to respond to the changing needs and circumstances of the people using the service.

We recommended that the registered provider implements the use of an appropriate staffing tool so that the registered provider could be assured that the number of staff and skill mix safely meets all the needs of the people living at Priestnall Court.

Staff we spoke with had an understanding of their role in protecting people and making sure people remained as safe as possible. We saw that staff had access to a safeguarding adult's policy and we were told there was a copy of the local authority's multi-agency safeguarding adult's policy although this could not be located during the inspection. We saw there was a Whistle Blowing policy and staff confirmed their understanding of this policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice. All staff spoken with said they would feel confident to report poor practice.

People living at Priestnall Court who we asked told us they felt safe and well cared for. We spoke with three visiting healthcare professionals all of whom told us they thought safe care was delivered at the home. They all said they had not seen or heard anything of concern. One comment was "I have absolutely no concerns at all." Another comment was "I have no worries at all."

One visiting relative said "I can't think anything bad about the place." Another comment was "Spot on care [their relative] is very well cared for, whatever [their relative] wants she gets."

Is the service effective?

Our findings

At our previous inspection in November 2015, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to staff supervision and appraisals. This was because staff were not receiving appropriate support and guidance to enable them to fulfil their job role effectively. At this inspection, we found there had not been sufficient improvement in this area, and the provider remained in breach of this regulation.

During this inspection the registered manager told us although they did not have any policies or procedures for staff supervision and appraisal in place, it was their intention that staff would have a formal supervision every three months and an annual appraisal. We saw evidence that since the previous inspection all staff had received one supervision session but nobody had received an annual appraisal. Staff we spoke with confirmed this. This meant that staff were not receiving appropriate support and guidance to enable them to fulfil role effectively.

The service did not have an overall training matrix (record) and the registered manager told us that the individual training record for staff had not been updated since October 2016. We saw that the training records were not up to date or accurate. For example, we were told that the home employed twenty five staff in total. In addition we were given individual, computerised training records which demonstrated that twenty seven staff were employed. Despite the discrepancies in the number of staff employed the training records indicated gaps in staff training and the registered manager acknowledged this. For example, nineteen staff had not undertaken fire training, sixteen staff had not undertaken food hygiene training, twenty staff had not undertaken infection control training and there were no records to indicate any staff had undertaken Mental Capacity Act (MCA) training and three care staff had not undertaken Deprivation of Liberty Safeguards (DoLS) training. There were no records to indicate any staff had undertaken End of Life training even though this was a service they provided. The registered manager told us that they and the two deputies had undertaken the training but no other staff had.

There was no evidence to demonstrate that any audits or reviews had been undertaken to assess the individual training needs of staff and to identify areas of development to ensure staff had access to the necessary support and training to carry out their job roles safely and effectively. This meant that the registered provider had not ensured staff had the qualifications, competence, skills and experience to meet the needs of people receiving a service and that practices at the home reflected appropriate, up to date best practice guidelines.

We saw that the home had an induction booklet which the registered manager told us newly recruited members of staff were expected to undertake. We looked at the recruitment files of the four members of staff who had commenced employed since the previous inspection between May and October 2016. Although we were told that these staff had undertaken induction there was no evidence to confirm induction had been undertaken.

From April 2015, staff new to health and social care should be inducted using the Care Certificate. The Care

Certificate is a set of standards for social care and health workers to ensure they have the same induction, learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health. The registered manager told us that the four members of staff recruited since the previous inspection in November 2015 were in the process of undertaking the Care Certificate induction training. There was no evidence to support this statement. While undertaking the Care Certificate is not mandatory it is considered good practice.

The above examples demonstrate a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

At our previous inspection in November 2015, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) because the registered provider did not ensure that valid consent had been sought ensuring people's rights were protected. At this inspection, we found improvements had been made but some further shortfalls were identified.

During this inspection, we observed staff obtaining verbal consent from people. For example, at lunch time we observed staff asking if people would like to come to the dining room for lunch and where they would like to sit. Staff also talked to us about the importance of getting to know people and how they liked things to be done such as how their care should be provided.

We were told that where possible the person receiving a service had signed a document giving their consent and agreeing to their plans of care. We saw evidence of this in three of the files we looked at. However in another care file we saw that consent had been given and signed for by the person's relative. We asked the registered manager if this relative had the statutory authority to give consent on the person's behalf. A person can give consent on behalf of somebody if they are an appointed attorney by way of a lasting power of attorney (LPA) for health and welfare. A LPA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity to make decisions for yourself. The registered manager told us they were unaware of how many people had an appointed LPA.

The above example demonstrate a continued breach of regulation 11 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed.

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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find. We checked whether Priestnall Court was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw information that indicated six applications had been made to the local authority to deprive people of their liberty and three had been authorised. The Care Quality Commission (CQC) had not been formally notified where authorisations had been granted. This is further discussed under the well led section of this report.

There was no system in place to record or monitor when applications had been made to the supervisory body (the local authority), when any applications had been authorised and when the authorised DoLS was due to expire. This meant there was not a central check list that acted as a reminder to seek DoLS renewals in advance of the expiry date which have ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the home.

Care records we looked at showed that the service involved other healthcare professionals to meet the health needs of people who used the service such as speech and language therapist, visiting chiropodists, district nurses and the practice nurse. The service also supported people to attend hospital and doctor appointments. Visiting relatives who we asked confirmed that the staff were prompt in contacting them if they had a concern about their relative or informing them if their relative had been unwell. One person said "They [the staff] only want the best for people and they are very keen to act on any information."

We spoke with three visiting healthcare professionals who visited the home on a regular basis. They told us the care staff were knowledgeable about the people living at Priestnall Court and any specific care instructions or recommendations they made about a person were followed. We were told that prompt and appropriate referrals were made if they were concerned about a person's health or welfare.

We spoke with one of the two cooks who both had a good understanding of people's personal preferences, including their likes and dislikes and any special diets such as diabetic, soft diets or thickened fluids. We were told that one person currently required thickened fluids and one person required a diabetic diet.

Lunchtime was a sociable and relaxed occasion with staff engaging well with people and offering support if required. We saw that a three course meal was available at lunchtime and a lighter meal such as sandwiches or cheese or egg on toast for the evening meal. The portion sizes were good and the food looked and smelt appetising. The newly decorated and refurbished dining room was pleasant and the tables were nicely laid. We saw that if people preferred not to eat in the dining room then a tray was made up and taken to them.

The people we spoke with were extremely complimentary about the food provided. One person said "The food is very nice, we have a three course lunch and there is a good choice at breakfast and tea time." Another person told us they really enjoyed the three course lunch and another comment was "The food is always fresh and home cooked, it's lovely." All of the people we asked confirmed good choices of meals were available and there was plenty to eat and drink.

Care staff told us that food was cooked to a high standard and choice was never a problem.

Is the service caring?

Our findings

We observed staff interactions with people and we saw staff were good at respecting people's privacy and dignity and the visiting relatives we spoke with confirmed this. For example we saw that if personal care was needed and in order to preserve privacy doors were closed and we saw staff knock on doors and wait for a response before entering people's rooms.

The people we spoke with who were living at Priestnall Court told us they were happy and felt well cared for. One person said, "Everybody is very kind, it is really lovely and an amazing place." Another person said, "I am very happy here, it is a happy place and you can do just what you want."

Other people living at Priestnall Court told us there were no restrictions placed on them and they were happy with the care. One person said "They are so good to me here they really look after me." The visiting relatives we spoke with told us they were very happy with the care their relative received.

One healthcare professional we spoke with told us they thought this was a good home and staff were proactive and helpful. Another healthcare professional said everybody always looks well cared for and content.

We saw that people were all well-groomed and appropriately dressed. Staff were observed to demonstrate a good knowledge of the people who used the service and their individual personal preferences. The atmosphere felt relaxed and happy and people were spoken to in a friendly manner. People, who were able, were seen to be freely moving around the home and staff responded immediately if spoken to or asked for assistance. People looked comfortable and content in their surroundings and in the company of staff.

Staff and relatives we spoke with said there were no restrictions as to when people could have visitors and we saw visitors coming and going throughout the inspection. The staff appeared to know the visitors and have good relationships with them. We saw that visitors were offered a cup of tea on arrival. One relative said "The staff are very friendly and make me feel very welcome when I visit." Another relative told us they were exceptionally pleased with the care and felt all of their relative's needs were met.

We saw that staff were kind, patient and respectful in their interactions with people. One of the visiting relatives told us their relative had been happy since the day they moved in.

Information was present about people's individual likes and dislikes, hobbies and interests. A document called 'About Me' had been completed by the person receiving care/and or their relatives. This personalised information helped staff to provide care and support based on people's personal preferences. Information on people's lives such as what their hobbies and interest were, their adult life and work life was available to help staff better understand the individual.

Care plans contained information in relation to supporting effective communication with individuals. This included information on any communication aids such as glasses or hearing aids that the person might

require. This meant that communication was promoted between the people living at the home, with their relatives and friends and with the staff.

The manager told us that at the time of this inspection nobody was receiving End of Life care but it was a service they did provide. We were told that they liaised and worked closely with the district nurses to provide this care. This was confirmed by a district nurse we spoke with. Not all staff had undertaken end of life training but this is further discussed in the effective section of this report.

The manager told us that no person was currently using the services of an advocate although details of local services were displayed on a notice board outside the office. An advocate is a person who can help access information on a person's behalf and / or represent a person's wishes.

We saw that people's belongings were treated with respect. When we looked in bedrooms, we saw that a high standard of cleanliness was maintained, and clothes were hung appropriately in wardrobes.

People's personal information such as risk assessments and plans of care were either password protected on the computer or held in a locked in a filing cabinet. This helped to maintain the confidentiality of people's information.

Is the service responsive?

Our findings

At our previous inspection in November 2015 the service was in the process of adopting a computerised system for writing and reviewing care plans, risk assessments and daily care records. As that inspection we found that the plans of care were very general and not specific or individual to each person. During this inspection we saw that the computerised system had been fully implemented.

During this inspection we looked at the care records of four people who used the service. We saw that since our previous inspection further, personal information about people had been obtained via 'It's all about me' document. This included peoples likes, dislikes and information relating to family and friend. This helped to build a personal profile of what was and who was important to the person.

In the care records we reviewed, we saw the level of detail was inconsistent. For example in one 'actions required' section of the care records we saw detailed instructions for care staff to follow on how best to meet the persons personal hygiene needs while encouraging their independence. However in another person's 'actions required' we saw there was no plan of care or instructions to care staff to reflect the person's medical history. In another person's care records where medical advice had been appropriately sought from the speech and language therapist there was no reference to what that advice was. We saw that one person had been prescribed anti-biotics for an infection but there were no 'actions required' or short term plan of care to meet this identified care need.

During our discussions with the registered manager and staff we found they were aware of people's individual needs and preferences, likes and dislikes around their daily lives and the importance of this. One member of care staff said "Everybody is very different and have their own personalities and personal preferences which we respect." We found that although some parts of the care records lacked sufficient details care staff were able to describe people's individual care needs and how they met those needs. This meant that accurate, complete and contemporaneous plans of care were not being kept. However were told by three visiting healthcare professionals that any specific care instructions or recommendations they made about a person were followed and they felt care was delivered to a high standard.

The registered manager told us that following our inspection they and the deputy manager would take supernumerary time to concentrate on reviewing and updating the care records to ensure they were detailed and reflected the personalised, individual assessed needs of people living at Priestnall Court.

The above examples demonstrate a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

During our inspection we heard staff and people living in the home communicating well with each other and we saw people freely expressing their needs. We saw that staff responded appropriately in supporting people.

The registered manager told us that people had their needs assessed before they moved into the home and

we saw evidence of this during the inspection. This meant the information gathered helped to ensure the home could meet the individual, assessed needs of the person. The registered manager said if it was appropriate and the person was able, they would be invited to visit the home and perhaps have lunch and meet the staff and other people living at the home before they made a decision about moving in. In addition to identifying the support a person required, the pre admission assessment also identified if the person was funded by the Local Authority (LA). If this was the case, it was expected that the LA would fax the service all the information they had relating to the person's care needs prior to the person moving in.

We saw that a Priestnall Court information booklet and a Statement of Purpose' was available for people who were making enquiries about the service and for people who moved into the home. These included information relating to what services Priestnall Court has to offer. How Priestnall Court deals with individual needs, how they deal with emergencies, how they maintain privacy and dignity and how they deal with complaints. This meant that relevant information about the service was available for people to access.

During our inspection we reviewed the policy in relation to complaints, which was included in the statement of purpose.

At our previous inspection we saw that a log of complaints made was not kept. During this inspection we saw a computerised record of complaints had been implemented, which recorded the details of the complaint and action taken in response. We saw that three complaints had been made since November 2015 and appropriately investigated.

The people we spoke with who lived at Priestnall Court told us they had not made a complaint but would do so if they were not happy with something. One person said "I could never complain everything is marvellous." Another person said "I have no complaints."

The visitors we spoke with told us they had not raised any complaints. One visiting relative said "I can't think of anything bad about the place." Another visiting relative said "I have no complaints, it is excellent."

The home employed the services of an activity coordinator five mornings a week. We saw that people were assisted to engage in a variety of meaningful activities of their choosing. Some of these activities included armchair exercises, painting, ball games, carpet golf, nail painting and foot spas. We saw that twice a month entertainers from the community were arranged and the registered manager said in the warmer month's people were assisted to the local park and cafes for coffee and cake. During the course of this inspection we saw people enjoying an armchair ball game.

We saw that a record was kept of the activities each person had participated in.

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. At the time of our inspection the registered manager had been registered with CQC since December 2012 and was present throughout the three days of inspection.

Part of a registered managers or registered providers responsibility under their registration with the Care Quality Commission is to have regard, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. One of these regulations relates to the registered managers/registered provider's responsibility to notify us of certain events or information. There had been ten incidents within the home that CQC should have been notified about. There were six deaths, one allegation of abuse and three Deprivation of Liberty Safeguarding (DoLS) authorisations. By not notifying us of incidents such as these, we are unable to assess if the appropriate action has been taken and the relevant people alerted.

The above examples demonstrate a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At our previous inspection in November 2015, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) because the systems and processes in place were not sufficient to ensure that there was good governance and did not enable the registered manager to assess, monitor and improve the quality and safety of the service or assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service. At this inspection, we found some improvements had been made but not sufficient improvement and the provider remained in breach of this regulation.

We saw that accidents and incidents were being recorded and the registered manager could describe that appropriate action had been taken although there was no documented evidence to support this. The registered manager told us they informally reviewed this information but there was no formal audit or review process in place. A regular review would have provided the registered manager/provider with an overview of the types of accidents and incidents, if there were any reoccurring patterns and what action, if any, was needed to mitigate risk.

We found there were no formal systems or structured process for auditing people's care records, staff training, safeguarding, complaints, infection control including the kitchen and general cleanliness of the home. We were told that the deputy manager undertook a monthly audit of medication administration. However we saw this was last undertaken on 31/10/16 and it did not identify the shortfalls found during this inspection. The audit required further development to include all aspect of medication administration in the home. This meant the registered provider had failed to fully establish and operate effective systems to assess, monitor and improve the quality of the service.

The above examples demonstrate a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was aware of the importance of maintaining regular contact with people using the service and their families. We saw that satisfaction questionnaires had been sent out to people living at Priestnall Court and/or their relatives in February 2016. We saw that thirty eight questionnaires were given out and fifteen were completed and returned. The results had been analysed and a report of the results had been produced. The overall results of the questionnaires demonstrated that people thought the service was either good or very good. One person commented that the staff were very observant and responsive to the changes in a person's health or wellbeing and ensured appropriate medical assistance was involved in each case. Another comment was that they were very happy with the care and services at Priestnall Court. The registered manager told us the questionnaires were due to be sent out again later in February 2017 and it was their intention to send a questionnaire to visiting health care professionals in an attempt to obtain their opinion of the service delivered.

We were told that during 2016 the registered manager had organised two resident/relatives meetings but nobody attended. We were told that they operated an open door policy and people were encouraged to talk or raise issues directly with the registered manager or any staff member. We saw during the course of the inspection that the registered manager and deputy manager were very visible in the home and people did approach them to discuss a variety of issues.

We were told that staff meetings were held twice a year. However we saw that the last meeting was held in March 2016 and staff spoken with confirmed that meetings were held infrequently. This was discussed with the registered manager who told us a staff meeting was planned for the week following our inspection.

Discussions with the registered manager, deputy manager and care staff demonstrated they had a good understanding of the aims and objectives of the service which was to provide a safe, caring and homely environment for people. We were told that staff enjoyed working at the home and people were well cared for.

Staff spoken with were aware of the management structure in place and were aware of their roles and responsibilities. Staff spoken with made positive comments about the way the home was being managed and told us they felt supported by the registered manager and the deputy manager.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider did not ensure that valid consent had been sought ensuring people's rights were protected.</p> <p>Regulation 11 (1) (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found that the registered provider had not protected people against the risk associated with the safe administration and management of medicines.</p> <p>We found that cooked food temperatures were not being recorded and there was no recordings of the two freezer temperatures.</p> <p>Regulation 12 (1) (2) (b) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>We found some safety checks and environmental risk assessments and were not in place.</p> <p>Regulation 15 (1) (e)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

We found the registered provider did not have robust recruitment procedures in place to ensure people using the service were kept safe.

Regulation 19 (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

People were not protected against the risks of unsafe or inappropriate care as staff had not received all necessary training to carry out their role.

People were not protected against the risks of unsafe or inappropriate care as staff had not received all necessary direction and support to carry out their role

Newly employed staff to the service had not undertaken an induction programme that would prepare them for their job role.

Regulation 18 (2) (a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not read, and consider guidance in relation to the regulated activities they provide, they did not notify us of certain events or information.

The enforcement action we took:

Fixed penalty notice