Parkcare Homes (No.2) Limited

Priory Highfields

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Priory Highfields is a residential care home made up of 2 separate domestic-style houses providing personal care to 7 people at the time of the inspection. The service can support up to 8 people. The service was for younger people with a learning disability and/or autism.

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

Right Support:
Risks were not always assessed and planned for. However, staff knew people well and had not come to harm. Medicines were generally safely managed, but some improvements were needed. Staff were recruited safely. People were protected from the risk of abuse by staff. Where abuse had been identified action was taken by the provider to safeguard people. People were protected from the risk of infection. People had access to health professionals as needed. People were supported with food and drinks of their choice. The home environment was in line with people's preferences and it's safety was checked and maintained.

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.

Right Care:
People were supported by a caring staff team who treated them with respect. People were encouraged to be independent, where possible. People were enabled to partake in a range of hobbies and activities.

Right Culture:
Quality assurance systems to monitor and improve the quality and safety of the service were not always effective. The service worked in partnership with external professionals and organisations. The registered manager and staff team were person-centred and wanted the best outcomes for people. Relatives felt able to raise concerns, if needed, although felt proactive communication could be improved. Staff felt supported and felt able to go to the registered manager.

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

Rating at last inspection

This service was registered with us on 18 November 2021, and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about possible poor staff culture. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see all of the key question sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will work with the local authority to monitor progress. 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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Priory Highfields

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
The inspection was carried out by 1 inspector.

Service and service type
Priory Highfields 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 Highfields is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had about the service. We sought feedback from the local authority. We asked Healthwatch for their feedback, although they had not received any feedback about the service to share with us. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We made observations in communal areas to see people's experience of their care, as they were not always able to talk with us. We spoke with 8 relatives over the phone to get their feedback about the care and support their loved ones received. We spoke with 8 staff, including support workers, senior support workers and the Positive Behaviour Support practitioner plus the registered manager and deputy manager. We also spoke with 5 health and social care professionals who worked with people using the service.

We reviewed a range of records. This is included 3 people's care plans and various medicines and medicines records. We looked at 3 staff files in relation to recruitment and a sample of agency staff profiles. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were not always assessed and planned for. However, staff knew people well and people had not come to harm.
- When additional support was needed, new strategies were developed. However, staff did not always consistently apply these for a prolonged period to check if they worked.
- Where people were at risk of constipation, the provider could not be assured this was consistently monitored to identify if further intervention was required. The registered manager explained they had team meetings to discuss the importance of monitoring, staff were expected to check daily, and a key worker had oversight of this. The registered manager would then be checking this to ensure it was done. We saw evidence bowel monitoring had improved following the inspection.
- Another person's care plan stated they needed weighing; however, this was not being completed in line with the care plan. The person was not currently at risk of weight loss, however the provider had not followed their own plan or recognised it had needed updating.
- Another person had a topical medicine which was a flammable risk, however this was not risk assessed and planned for. The registered manager agreed to put this in place after we raised it.
- Care plans and risk assessments were in place about people's other needs and health conditions. Staff were aware of people's needs.
- Lessons were learned when things had gone wrong. There was analysis of incidents to see what worked well and what did not work well.

Using medicines safely

- Oral medicines stock levels matched the medicine administration records (MARs); however, some improvements were needed to the management of topical medicine and guidance for some 'when required' medicines.
- One person's topical medicines were poorly recorded, so the provider could not be assured they were receiving it as prescribed.
- 'When required' medicines generally had enough guidance in place for staff, however one person's guidance for one 'when required' medicine did not have enough detail to guide staff.
- The storage of medicines needing to be kept at room temperature was monitored to ensure it was remained safe to use. However, medicines requiring refrigeration did not have the minimum and maximum temperature range recorded, so it was not known whether the medicines always remained stored within a safe range. The safe range of 2C to 8C was also not noted so staff would not always know what was safe.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse.

● Relatives felt people were safe with staff. One relative said, "Yes, my relative is safe, I frequently stay there for many hours, I get to see the staff doing their job. I'm happy."

● Staff understood their safeguarding responsibilities, knew the different types of abuse, signs to look for and how to report concerns, both internally and to external organisations, if needed.

● Referrals to the local safeguarding authority were completed, when needed.

Staffing and recruitment

● There were enough safely recruited staff to support people.

● People had a number of hours they were supported for each week, and they received this support. Sometimes agency staff were needed to cover all of the hours, which permanent staff acknowledged could put pressure on them if the agency staff did not know people well. However, agency staff were booked in advance to help provide people with consistent staff, so they had time to get to know people better.

● Staff had their suitability to support people who used the service, checked. This included checks on employment history, references, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

Relatives confirmed there were no restrictions on visiting or on people being able to visit outside of the home.

Good

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.

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.

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, and whether any conditions relating to those authorisations were being met.

- People had their ability to make specific decisions assessed and when someone may struggle with a decision, a best interest decision was documented.
- One person had an assessment and DoLS in place about the use of equipment for monitoring purposes, when staff were not present in their room. This was agreed as the least restrictive measure during the night. The person's relative had no concerns with this and was involved in the decision and this monitoring was done to keep the person safe. However, we observed this being used during the daytime and this was not specifically part of the person's DoLS.
- Other DoLS authorisations were followed by staff, and applications were made when needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People had access to a range of other health and social care professionals, including for routine check-ups and in response to concerns.
- The provider had specialist staff employed who covered multiple services, who could be called on to assist staff with supporting people who may be experiencing a change in their behaviour. They were called a Positive Behaviour Support (PBS) practitioner.

● The registered manager, as well as staff in the service and the PBS practitioner were working with a multi-disciplinary group of external health and social care professionals, along with the person's relatives, to support a person using the service. Professionals explained they felt they could have honest conversations with those at service. They stressed the need for staff to be persistent in trying new strategies for the person to fully determine whether they would be beneficial in the long term.
● People had regular checks up such as with dentists, chiropodists, and specific health specialists for people's individual health needs.
● Plans were in place for people's health needs and staff were aware of people's conditions.

Staff support: induction, training, skills and experience
● Staff received training to be effective in their role.
● Relatives felt the regular staff were well trained. One relative said, "Staff seem knowledgeable. They know about my relative's autism and learning disability; they have noticed triggers and the staff know them well and deflect situations."
● Staff felt the training was enough and was useful. One staff member said, "I enjoy all the training, it's very informative, I like it comes up every year as a reminder." Another staff member told us, "I feel confident. I know if there are any questions, I can speak to someone, we all help each other."
● Records showed staff received training in essential areas such as medicines, when they were expected to administer medicines, including any specialist medicines. They also received training in learning disabilities and autism, safeguarding and the MCA.

Supporting people to eat and drink enough to maintain a balanced diet
● People had enough to eat and drink to keep them healthy, in line with their preferences and needs.
● Relatives felt people enjoyed the food. One relative said, "My relative certainly has enough [food]. I'm amazed they manage to keep my relative as slim as they do. The food there is very good."
● Some relatives commented that healthy eating could be a challenge for some people due to their preferences and people's weights could fluctuate.
● People had access to food and drink throughout the day and were observed accessing this themselves and making their needs known to staff when they wanted something.

Adapting service, design, decoration to meet people's needs
● The buildings were appropriate for people's needs. People had choices about how their private bedrooms were decorated. People's bedrooms were all different based on each person's preferences and had recently been redecorated. One relative said, "My relative likes their room."
● While there was a gate at the front of the property, there was open access around the property and no restrictions within the buildings so people could use communal rooms and outside spaces when they wanted to.
● Further improvements were planned to the décor throughout the buildings to continue the improvements already completed.

Good

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.

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
- People were well treated, and people's equality and diversity needs were considered.
- Relatives all consistently felt staff were caring towards their loved one. One relative said, "Staff talk to my relative nicely. I think they are quite a nice bunch of staff."
- Other comments from relatives included, "I don't mean in an over familiar way, but it seems a genuine friendship. My relative knows them [staff] and they know my relative. They will chat away" and, "My relative is treated with dignity with respect and in a caring manner. My relative seems confident and happy."
- People who chose to practice a religion were supported to do so.

Supporting people to express their views and be involved in making decisions about their care
- People were supported to make day to day decisions about their care and support. Relatives all confirmed they were involved in more complex caring planning decisions.
- One relative said, "My relative is involved as much as possible; they swap activities." Another relative said, "We're always involved. They [staff] ask us. The good thing about my relative is you can't make them [do things]."
- Staff were able to tell us about how they helped people make decisions and be independent. One staff member said, "We encourage people to cook and take washing and put it in the washing machine. We give them verbal prompts. They choose their own food. Some people don't cope with lots of choices, so we narrow it down."
- People were empowered to choose what activities they did each day. We observed people spending time how they wanted to and were given choices at mealtimes.

Respecting and promoting people's privacy, dignity and independence
- People had their privacy respected where possible and were supported to develop and retain their independence.
- Relatives felt people were supported to be as independent as possible. One relative told us, "They help my relative take their laundry to the washing machine. My relatives isn't capable, but staff do their best." Another relative said, "When my relative spends time at home, I can see them doing simple things like stirring, chopping and cleaning their teeth so the staff are maintaining that. They can [do certain activities] and staff maintain those skills."
- Staff had considered the best way to give people privacy, such as arranging for screens to be used during personal care, or monitoring equipment to be used so staff did not have to be present in the room so people had time alone in a safe way.

- When we spoke with staff about people's needs, staff spoke about people with care and respect.

Good

Is the service responsive?

Our findings

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

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.

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

- One person was not accessing the community as regularly as they had previously, due to a change in their support needs. The registered manager and staff team were exploring, along with the person, their relatives and relevant professionals, ways the person could access activities in the community in a safe way.
- Other people were supported to partake in hobbies they enjoyed. There was a variety of activities people were involved with.
- Comments from relatives included, "My relative will change their daily schedule based on who is working. I think staff give my relative a list of things each day and my relative will pick" and, "The lovely thing is it very small, the people are all quite different, so the approaches are all very different. It's like a family, it is very individualised." Another relative said, "My relative goes cycling, swimming, bowling and skating."

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

- People had personalised care to meet their needs. Relatives felt permanent staff knew people well.
- One relative said, "I know the staff know my relative very well." Another relative said, "On the whole the service is good, they [staff] are caring and know the residents well. Staff who have been there a long time know my relative well and they want to best for my relative." Another relative also commented, "I know they [staff] all care for my relative and they want the best for them."
- Care plans were in place to guide staff which had individual information in, and staff all knew people's needs and preferences.

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.

- The provider told us they used a wide range of communication tools to support people, but we saw these were no longer being used and based from feedback from staff and a relative. However, people were supported to communicate in a way that met their needs and staff were aware of how people communicated their needs.
- People had communication plans in place, and we observed people interacting with staff to request things, such as food and drink. Staff were aware of the best type of environment for people to communicate

more easily, such as preferring to be in a quiet space or using items of reference.

Improving care quality in response to complaints or concerns
● Relatives felt able to complain if needed and the registered manager was aware of their responsibility to respond to complaints.
● Concerns had been responded to in line with the provider's complaints policy.

End of life care and support
● People using the service were not nearing the end of their life, so no end of life planning had taken place.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Quality assurance systems in place, had not been fully effective at identifying areas for improvement.
- Systems were not consistently effective in identifying and taking action where there were omissions in people's care records. For example, they had not identified the ineffective monitoring of 1 person's bowel movements and poor medicines records. Another person had a missing risk assessment for a flammable topical medicine which had not been identified. Another person was not being weighed as per their care plan and this had not been identified.
- The provider carried out internal compliance visits, however this had not meant all concerns were addressed.
- The provider had an action plan in place stated action had already been taken however this had not been fully effective.
- One person had symptoms of their health conditions recorded by staff. There was an overall monitoring chart to track how often the person experienced symptoms of their health conditions. However, individual monitoring records about these symptoms were not always dated, which made it difficult to analyse and track what had happened.

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

- Relatives felt communication could be improved. Multiple relatives gave us examples of feeling they did not have enough proactive communication, such as not always being told of appointments for people, when they felt they should be informed. One relative said, "If there is one let down from Priory Highfields I am not updated as often as I would like to."
- There were no coordinated relatives meetings. There was mixed feedback about whether relatives wanted joint meetings. Some felt they would like these, either face to face or on a video call should relatives not live locally, whereas others would not. The registered manager told us they would explore this with relatives to give them the choice.
- Despite this, relatives still felt able to feedback and involved. One relative said, "I am absolutely able to raise concerns. I'm not shy and retiring. They do run things past me. I do tend to put my pennies worth in. We all get involved. We've got a good relationship with them."
- Staff felt involved in the service. One staff member said, "Staff are all invited to give points and opinions. [Registered manager] includes us in most things." Another staff member told us, "[Registered manager] is very good; I can go in anytime and I can offload on them. The registered manager has lots of ideas. I've

always felt supported."

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

● The registered manager and staff had a positive culture. Staff were enthusiastic about ensuring people had a positive experience which were person-centred.

● When there had been issues with staff conduct, these had been identified and addressed.

● Staff felt the registered manager was approachable. One staff member said, "[The registered manager] is there if you need to speak to them." Another staff member said, "[The registered manager] is very supportive as a manager, they are easy to go to."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager and staff understood their duty of candour.

● One relative told us about an incident, "They did inform me straight away. I was annoyed as a mistake had been made. Staff apologised. I had not happened before or since."

● Notifications were submitted as needed. Notifications are events the provider has to make us aware of such as allegations of abuse or serious injuries.

Working in partnership with others; Continuous learning and improving care

● The service worked in partnership with other organisations and other professionals. There was collaborative working to try to learn and continuously improve care although the service and professionals acknowledged there had been challenges with this, but they worked together to try and address them.