

Priory Grange Care Home Limited

# Priory Grange Care Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Priory Grange Care Home Limited accommodates 41 people in one adapted building. At the time of inspection 23 people were living at the service. It is a two-storey building with en-suite bedrooms and communal lounges, dining rooms and bathrooms on both floors. The service provided personal care to people aged 65 and over, some of whom were living with dementia.

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

People at Priory Grange Care Home Limited did not receive a safe and well led service.

We identified significant concerns relating to people's safety. This included poor oversight of fire safety, gas safety and safety and cleanliness of equipment. Risk assessments and regular safety checks had not been completed which placed people at risk of harm.

The provider did not have effective systems in place to monitor the quality and safety of the service. The premises were not well maintained and areas including furniture, carpets and equipment used to support people were unclean and not fit for purpose.

Staffing levels were low and had not been calculated in line with people's needs. We observed people's needs not being met in a timely manner. Staffing rotas were not in place. Systems were in place to recruit staff safely. However, these were not always completed effectively.

Standards of record keeping were poor and information about people's care needs were not always recorded and communicated to staff. Staff failed to engage in a meaningful way with people and during the inspection we observed people not having their needs met.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

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 overall with requires improvement in the key question well led published 23 June 2018.

### Why we inspected

We received concerns in relation to Infection control. 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 Inadequate. This is based on the findings at this inspection.

We found evidence that the provider needs to make improvements. Please see Safe and Well led sections of this full report.

You can read the report from our last inspection, by selecting the all reports link for Priory Grange Care Home Limited on our website [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 into account of exceptional circumstances arising as a result of COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of the inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to fire safety and managing risks, staffing levels and staff support, failing to operate effective monitoring systems to improve the quality and safety of the service and poor record keeping.

Full information about CQC's regulatory response to more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

# Priory Grange Care Home Limited

## **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.

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 team consisted of one inspection manager and one inspector.

#### Service and service type

Priory Grange Care Home Limited 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 who was not registered with the Care Quality Commission. We have referred to the person as the manager throughout the report

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and infection control.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service, four relatives, four care staff, two senior care staff, one maintenance staff, the deputy manager, the manager and the provider.

We reviewed a range of records. This included four peoples care records and multiple medication records. We looked at two staff files in relation to recruitment and induction. A variety of records relating to the management of the service, policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information relating to fire safety. We reported our concerns regarding fire safety to the fire service and we contacted the local authority with our concerns.

# 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 good. At this inspection this key question has now deteriorated to inadequate.

This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- People using the service were placed at risk of harm because the provider had failed to fully assess and mitigate risks relating to fire safety, gas safety and equipment safety.
- The provider had failed to ensure that servicing and testing of areas of the service were completed. For example, there was no fire risk assessment of the provision. The most recent testing of the gas supply indicated that a retest was needed in October 2020. This had not been done. There were no certificates to show that lifting equipment and the lift had been tested for safety.
- Not all staff had completed fire safety training. Staff had not completed a practiced evacuation. Records did not contain clear guidance for staff on how to support people in the event of a fire emergency situation. This meant staff may not know how to support people safely.
- We reported our concerns to the fire service who visited the service after our inspection.

The failure to adequately assess, monitor and reduce risks to people's health and safety is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Medicines were not always managed safely.
- Records relating to the administration of medicines were not completed and did not contain guidance for staff to follow. For example, one person required administration of a prescribed cream twice daily. Records did not detail the area where the cream was required to be applied.
- Checks of staff's competency in relation to administering medicines was not always carried out. This meant staff may not have the knowledge required to be able to administer medicines safely and correctly.
- Guidance for staff was not in place to ensure they administered a pain-relieving medication when required. This was addressed during the inspection.
- Staff told us there were occasions when there were no trained staff on duty at night to administer medication. This meant people were at risk of not receiving their medicines when they needed them.

The failure to ensure the safe management of medicines was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection: Learning lessons when things go wrong

- People were not protected from risk of infection.

- Records relating to monitoring of cleanliness within the service were not robust and did not include all aspects of cleaning that were needed.
- The environment was in a poor state of repair and there were malodours throughout the home. We saw many areas of the premises needed redecoration and refurbishment. This included both communal areas and people's bedrooms.
- During the inspection, we found a broken toilet in an en-suite, walls which were damaged with holes in and untreated woodwork on handrails, doors and skirting boards. Furniture and carpets were stained and were not clean. Equipment used to support people was rusty and dirty. We found faeces on the underside of bath chairs and areas of staining on toilet seats and around the bottom of toilets.
- There was no evidence to show that lessons were learned after incidents had occurred within the service.
- Accidents and incidents were not always accurately recorded. Falls were not fully analysed to identify emerging patterns or trends. Recorded actions did not show what actions had been taken following incidents or accidents.

The failure to ensure the environment was clean, safe and well maintained was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- Staffing levels were not sufficient and did not ensure people's safety.
- The provider did not calculate staffing levels in line with people's needs.
- The provider did not have a staffing rota in place to ensure any shortages in staffing were identified and covered accordingly. This put people at increased risk of harm.
- All staff spoken with said there were not enough staff on duty.
- Staff told us that people were often left in their rooms as there were not enough staff to support them. During the inspection, we saw most people remained in bed, or in their rooms. The inspector had to approach staff to ask them to support one person who had not been supported with personal care.
- The manager had worked in the numbers alongside staff when the provider reduced staffing levels. This had affected their ability to complete managerial tasks.
- Recruitment of staff was safe.
- An induction process for new staff was in place. However, this was not completed for the two newest members of staff.

Failure to provide adequate staffing levels to support people's care needs, and ensure that staff are inducted is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Systems and processes to safeguard people from the risk of abuse

- People were not protected from the risk of abuse.
- Training records showed that staff were up to date with safeguarding training. However, staff were not clear on how to refer incidents to the local authority safeguarding team. One member of staff told us, "I just thought going to the manager was enough, I now realise it is not and would not know how to contact safeguarding."
- Due to concerns raised during inspection we reported our concerns to the local authority safeguarding adults team.



# 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 requires improvement. At this inspection this key question has now deteriorated to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider had failed to ensure that the quality and safety of the service were monitored. There were no records to show that issues found during the inspection had been identified by the provider prior to our inspection. Issues we found related to fire safety, the poor condition of the premises and equipment used to support people, poor standards of record keeping and insufficient staffing levels.
- The manager of the service was not registered with CQC but had applied to become registered. They did not fully understand quality performance, risk and regulatory requirements.
- There were shortfalls in the quality of recording information. For example, daily notes were not always detailed. Records were not detailed and did not have guidance for staff on how to meet people's needs.
- Investigations and analysis of accidents and incidents were not always robust, fully completed or managed appropriately to mitigate future risks to people.

The failure to operate robust quality assurance and safety monitoring systems was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A person-centred culture was not promoted within the service.
- Staff told us they felt unable to raise concerns as they felt their confidentiality would not be upheld.
- Staff did not feel supported within their roles. There was limited evidence to show how the manager and provider had supported staff.
- Poor standards of record keeping impacted on staff's ability to provide person centred care. For example, clear guidance was not in place for people who were prescribed topical creams.
- There were basic communication shortfalls, which impacted on care delivery. For example, staff were unclear about timings of care delivery regarding repositioning of people with poor skin integrity.
- People and their relatives had not been involved in the planning or reviews of people's care.
- Despite numerous requests for information to be sent to us during and following our inspection, we did not always receive information that we had asked for.

The failure to operate effective systems for maintaining accurate records was a breach of Regulation 17

(Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, their relatives and staff were not involved in the running of the service.
- Staff told us they did not feel supported by the manager or the provider. They told us they did not feel their concerns were considered and that they had no voice or influence in the running of the service.
- Meetings with people and their families had not taken place. This meant their thoughts and feelings about the running of the service had not been considered.
- Families told us that they found it difficult to be able to communicate with their loved ones and communication from the home was poor. One relative described how they had not been allowed to speak to their family member and felt placated by staff who told them their relative was 'ok' when they telephoned the service.
- We observed missed opportunities by staff to communicate with people during our inspection. We observed people sitting alone in their rooms for long periods of time. Staff did not engage effectively in order to ensure people's care needs were met.

Working in partnership with others; 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

- A culture of high quality, person centred care which valued and respected people's rights was not embedded within the service. This was evident by the breaches of regulation identified during this inspection.
- Further development of working in partnership with key organisations including the local authority safeguarding team and social services was required to ensure transparency and good outcomes for people.
- The provider had not always been responsive to issues and concerns.
- The outcome of complaints and investigations was inconsistent. Records we reviewed did not demonstrate an open and transparent approach to investigating complaints was in place.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to adequately assess, monitor and reduce risks to people's health and safety.</p> <p>The provider had failed to ensure that systems for the management of medicines were safe.</p> <p>12 (1) (2) (a) (b) (f) (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>The provider had failed to ensure that the premises were safe, clean and properly maintained.</p> <p>The provider had failed to ensure that equipment used to support people in the delivery of care and support was clean and safe.</p> <p>15 (1) (a) (c) (e) (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that there were sufficient numbers of staff available to support people who used the service.</p> <p>18 (1)</p>

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective governance systems to ensure the safety and quality of the service.</p> <p>The provider had failed to ensure good standards of record keeping.</p> <p>The provider failed to seek and act on any feedback as a means to drive improvements within the service.</p> <p>17 (1) (2) (a) (b) (c) (d) (e)</p>

### **The enforcement action we took:**

We issued a warning notice.