

Priory Grange Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Priory Grange Care Home Limited is a residential care home providing personal care for up to 41 older people who may be living with dementia. The service was supporting 31 people at the time of our inspection.

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

People were at risk of harm, because of failures to adequately identify and address concerns about the quality and safety of the service. A new registered manager was working to make improvements, but new systems of governance were not embedded and effective in guaranteeing the quality and safety of the service. Inconsistencies remained in how risks were managed. Issues and concerns we found had not been identified by the provider's governance arrangements, and management of risks remained reactive at times. There were multiple continued breaches of regulation.

Whilst noticeable improvements had been made in response to concerns identified at our last inspection, further improvements were needed. Work was ongoing to address some concerns, and we identified new concerns, which placed people at increased risk of harm.

Significant areas of the service had been redecorated, but other areas, including bathrooms and toilets, remained in need of renovation and redecoration.

People were at increased risk as consistent standards of cleanliness had not been maintained in all areas of the service. Enough cleaners were not always on duty to ensure cleaning tasks were completed.

Appropriate window opening restrictors were not in place to minimise the risk of people falling from a height likely to cause harm. The risks associated with legionella's bacteria in the water system had not been effectively managed putting people who may be vulnerable at risk of harm.

Adequate steps had not been taken to make sure staffing levels at night were safe. Appropriate fire drills had not been completed to check whether staff could safely evacuate people if a fire occurred at night.

The registered manager was responsive to our feedback and acted to address concerns following our site visit. For example, they arranged for appropriate window opening restrictors to be installed, addressed the legionella risk, and hired another cleaner. The registered manager continued to work with a consultant to embed a system of audits to monitor the quality and safety of the service.

Improvements had been made to how people's medicines were managed, although we made a recommendation in relation to record keeping and auditing.

People gave generally positive feedback about the service and the care and support they received.

Staff were trained to identify and respond to safeguarding concerns. The registered manager monitored any accidents or incidents that occurred to help identify any patterns or trends. This helped to make sure appropriate action had been taken to prevent accidents or incidents reoccurring.

People felt able to speak with staff or management if they were unhappy about the service or needed to complain. Staff were observing providing kind care to meet people's needs.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was inadequate (published 11 June 2021) and there were multiple breaches of regulation. The provider completed an action plan after the inspection to show what they would do and by when to improve.

At this inspection, we found improvements had been made, but further improvements were needed, and the provider was still in breach of regulations. This was the second consecutive inspection the service had not achieved a good rating.

Why we inspected

We carried out an unannounced focused inspection of this service on 3 February 2021. Breaches of legal requirements were found. The provider completed an action plan after the inspection to show what they would do and by when to improve the safety of the care and treatment, the premises and equipment, staffing levels and their governance arrangements.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements.

We also 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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Priory Grange Care Home Limited on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider and meet with them following this report being published to understand how they will make changes to ensure they improve their rating to at least good. 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 'requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' overall or in any Key Question over two consecutive inspections. 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 six 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, 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

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 was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of our inspection was unannounced. The second day of our inspection was announced.

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 professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return before 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.

During the inspection

We spoke with 12 people who used the service, five people's relatives and one visiting professional about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, the nominated individual, a management consultant, the activities coordinator and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 inadequate. At this inspection this key question has improved to 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 people could be harmed.

Staffing and recruitment

At our last inspection, the provider had failed to ensure there were enough staff to meet people's needs. Staff had not been properly inducted before starting work. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 18

- People were at increased risk of harm as the provider and registered manager had not taken adequate steps to make sure staffing levels at night were safe.
- There were multiple occasions when two staff were on duty at night supporting approximately 30 people, some of whom had complex needs and needed two staff to assist them. Management had not completed spot checks to monitor and make sure two staff could safely meet people's needs. Appropriate fire drills had not been completed to check if two staff could safely evacuate people if there was a fire.
- A dependency tool and rota had been introduced to help ensure enough staff were deployed, but this did not provide guidance on staffing levels at night, and had not been updated when new people moved into the service.

Whilst we found no evidence people had been harmed, the failure to take adequate steps to make sure staffing levels were safe put people at risk of harm and was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Management were responsive to our feedback; they updated their dependency tool and planned to complete spot checks and simulated evacuations to make sure staffing levels were safe.
- Daytime staffing levels were safe; staff responded to people's requests and met their needs. One person explained, "I just press my call bell and don't wait long before they come."
- Recruitment checks were completed to help make sure suitable staff were employed. We spoke with the registered manager about improving some recruitment records. For example, to evidence a full employment history and record when applications and interviews were completed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection, the provider had failed to ensure the environment was clean, safe and well

maintained. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst there were noticeable improvements, further improvements were needed, and the provider was still in breach of Regulation 15.

- People were at increased risk of harm as safe window opening restrictors were not in place to minimise the risk of people falling from height.
- Appropriate steps had not been taken to minimise the risk of people being exposed to legionella bacteria. Legionella bacteria can grow in water systems, such as taps and showers, and can cause severe illness particularly in people who may be vulnerable.
- There had been improvements to the cleanliness of the home environment, but some areas of the service remained unclean and more robust cleaning procedures were needed to ensure infection prevention control risks were effectively managed.
- Enough cleaning staff were not always deployed to maintain consistent standards of cleanliness.
- Work was ongoing to renovate and redecorate areas of the service. For example, people's bedrooms and corridors had been redecorated, communal bathrooms and toilets remained in need of renovation.

Concerns in relation to the maintenance and cleanliness of the environment showed a continued breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our site visit the registered manager arranged for appropriate window opening restrictors to be installed, legionella risks to be addressed, and an additional member of cleaning staff to be deployed.

Using medicines safely

At our last inspection, the provider had failed to ensure the safe management of people's medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of requirements relating to the management of medicines under Regulation 12.

- People gave generally positive feedback about the support provided to take their prescribed medicines. Comments included, "They are pretty good with my medication; I have to have one before food and they know that" and "My medication is on time and the staff know what I have."
- Staff received training and their competency was assessed to help make sure they understood how to safely support people with their medicines.
- There were minor gaps on people's medicine administration and topical administration records; codes had not always been used appropriately to clearly explain why a medicine had not been administered.
- There was not a clear audit trail in relation to unused medicines returned to the pharmacy.

We recommend the provider continues to review and audit record keeping relating to the safe management of people's medicines.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to identify and address health and safety risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The provider had addressed risks identified at the last inspection. For example, a fire risk assessment had been completed; the passenger lift, gas system and lifting equipment had been serviced and were safe.
- People were supported by staff who understood their needs; care plans and risk assessments were used to guide staff on how to safely support people to meet their needs.
- We suggested including more information in people's care plans relating to catheter care and when staff supported people who might be anxious or distressed and refuse care. Action was taken to address this.

Learning lessons when things go wrong

- The registered manager had introduced a system to help make sure accidents and incidents were recorded and analysed to identify any patterns or trends.
- Records of accidents and incidents showed what had happened and how staff had responded, including the actions taken to try and make sure a similar thing did not happen again.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service and with the care and support staff provided. Comments included, "I feel safe knowing staff are there." A relative said, "I am happy [Name] is safe and to leave them here. I trust the staff."
- Staff completed training and understood their responsibility to identify and report any safeguarding concerns to help keep people safe.

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 inadequate. At this inspection this key question has remained the same. This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not yet assure the delivery of safe high-quality care.

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

At our last inspection, the provider's audits and governance arrangements had failed to ensure people received safe high-quality care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements had been made in a number of areas, further improvements were needed, and the provider was still in breach of Regulation 17.

- The registered manager, with support from a management consultant, was working to address quality and safety issues. Some improvements had been made in response to feedback from the last inspection. However, work was ongoing in some areas, and new concerns were identified in others.
- Despite improvements, people were at risk of harm. There were multiple continued breaches of regulation; this was the second consecutive inspection when the service had not achieved a good rating.
- Further renovation work was needed; appropriate window opening restrictors were not in place and risks associated with legionella bacteria in the water system had not been effectively managed. Improvements were needed to ensure consistent standards of cleanliness, and to make sure staffing levels were safe at night.
- The provider and registered manager completed a range of audits and checks to monitor the service and drive improvements, but these systems were not yet fully embedded and effective. They had not identified and addressed concerns found during this inspection.
- The registered manager was responsive to feedback and acted to address concerns found, but this was reactive rather than proactive management. Further improvements were needed to embed effective systems of governance and to ensure issues and concerns would be consistently identified and addressed in future.

These concerns showed a continued 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

- People gave generally positive feedback about the person-centre care provided. Comments included,

"The staff are nice, kind, and understand me." A relative explained, "The staff are lovely and know how to care for [Relative's name]. They are involving me, which is what I want. They said 'you know them best', which is absolutely right."

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 understood their responsibilities to be open, honest and apologise to people if something went wrong.
- Systems and processes were in place to investigate and respond to accidents, incidents, concerns or complaints. This helped ensure lessons would be learnt and appropriate action taken if something went wrong.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People gave generally positive feedback about the management of the service. Comments included, "[Registered manager's name] is very nice and I am sure they would sort anything I needed out if I had any complaints."
- The registered manager held team meetings to share information and consult with staff team on planned changes and improvements they were making.
- Staff worked with healthcare professionals to help make sure people's needs were met, and to seek medical attention if required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises were not always clean, secure and properly maintained. Regulation 15(1)(a)(b)(e).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager had not established and operated effectively systems and processes to assess, monitor and improve the quality and safety of the service and to mitigate risks. Regulation 17(2)(a)(b).
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider and registered manager had not made sure sufficient number of staff were deployed. Regulation 18(1).