Halliwell Homes M/C Limited

Priestnall Court

Inspection report

14-16 Priestnall Road
Heaton Mersey
Stockport
Greater Manchester
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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?	Requires improvement

Overall summary

This was an unannounced comprehensive inspection which took place on 23 and 24 November 2015. We last inspected Priestnall Court on 2 November 2013. At this inspection we found the service was meeting the regulations we reviewed.

Priestnall Court is situated in Heaton Mersey, a residential area of Stockport. The home provides support for up to 24 people older people, who require help with personal care. The majority of 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. Car parking spaces are available to the front of the building. 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.

There was a manager in post who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality

Summary of findings

Commission 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.

We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

Although the provider had policies and systems in place for the safe storage of medication, we saw that medicines were not always stored away safely. This meant that there was a risk of medicines going missing and not being dispensed properly.

Staff were not always provided with supervision or appraisal. The service had a training and development policy which stated that staff should receive supervision six times per year and a formal appraisal annually. Staff we spoke to told us that although they felt supported by the manager they had not recently had a formal supervision session and the records we looked at did not provide evidence that the policy was followed. This meant that there were no quality systems in place for monitoring the performance of individual staff members or for allowing collective understanding of issues or concerns.

People told us they felt safe and well cared for. One person told us "The staff are busy but they always have time for us. They are all so nice to all of us." One visitor we spoke to told us that they had chosen the home for their relative because of the friendly homely atmosphere and the caring nature of the staff. Staff supported people with kindness, respecting their dignity and offering meaningful choices about aspects of their daily lives and we saw that members of staff sought the consent of the people who used the service. However, 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. 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 the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA where individuals were unable to consent or object to care and treatment. We found that the proper authorisation to seek a DoLS had not been requested.

Systems were in place to reduce the risk of harm and potential abuse. The provider's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to protect vulnerable adults from abuse. Staff were able to demonstrate a good understanding of how they would use the policies if they had any concerns about the safety and well-being of people who used the service.

Recruitment and selection procedures were in place to help ensure that the staff employed at the home were suitable to work with vulnerable adults and there were sufficient numbers of staff available to support people. The registered manager recognised the need to employ extra staff to cover busy times in the day, particularly around breakfast time and in the evening as people were starting to get ready to retire to their rooms.

There were no restrictions in place on people's movement within the home, there were two lounges; a larger lounge contained a television for people to watch and there was also a quieter lounge for individuals to sit and talk.

We were told that there were some activities arranged, although there were none on the days we carried out our inspection. We saw that people were often left to find their own stimulation, but the staff were vigilant and would frequently engage the people who used the service in pleasant conversation.

Priestnall Court had a comfortable calm and relaxed atmosphere. The manager and proprietor had noticed that the furniture and décor was looking worn and had agreed to purchase new furniture and begin a process of redecoration.

The Registered Manager told us that they try to build good relationships between the staff and the people who use the service to create an open friendly atmosphere. The staff had developed good relationships with all the people who used the service. We observed good social interactions and people were treated with kindness and

Summary of findings

respect by staff who knew them well, and one carer, speaking about the people who used the service, told us "they are family and this is their home. Home is where you feel safe and cared for. This is what we do".

The management of the home focussed on supporting people on a day to day basis; whilst this provided person centred care the quality of the records and case files for the people who used the service did not reflect the day to day care we witnessed. So, for example, risks might be identified but the care plans did not identify ways to reduce these risks.

The home had received relatively few complaints, but there were complaint/concern forms available in the entrance area. Anyone who wished to make a complaint was encouraged to do so.

The registered manager was knowledgeable about the people who lived in the home and had the respect of all the people we spoke to. A member of staff said to us "The manager supports us and helps us to do our job. We all get on and that gives it a lovely homely feel." However, the service did not have sufficient systems in place to ensure that regular quality checks or record management systems were in place to drive forward improvements.

Summary of findings

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 always safe

The policy for the safe storing of medicines was not always followed.

Risks to people's health and well-being was not always followed up or reviewed in light of presenting information.

Staffing levels were appropriate to meet people's needs. We saw that the home had policies and procedures to protect people from abuse. The staff demonstrated awareness of safeguarding vulnerable adults guidance.

Is the service effective?

Requires improvement

The service was not always effective.

Staff did not receive supervision on a regular basis and there were no records of staff appraisal.

Staff were able to demonstrate a good understanding of the needs of people who lack capacity but consent to care and treatment was not always sought in line with legislation.

People enjoyed the food on offer, and had good access to health care.

Is the service caring?

Good

The service was caring.

People were addressed by their first names and treated with dignity and respect.

Staff spent time with individuals in order to get to know them and their needs and wishes.

People's privacy was respected by staff who took pride in ensuring that people who used the service were well presented.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans did not reflect the person centred care delivered and records and information did not always reflect peoples' changes in need.

People who used the service and their relatives were not encouraged to participate in reviews of their care.

Care was provided in a way which was responsive to individual's needs and wishes.

Summary of findings

Complaint forms were available in the entrance area. Anyone who wished to make a complaint was encouraged to do so.

Is the service well-led?

Requires improvement

The service was not always well led.

The service had a manager who had been registered with the Care Quality Commission since December 2012.

There were insufficient systems in place to monitor the quality of service and plan improvements.

There was a consistent staff team who were well supported by the manager.

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, carried out by two adult social care inspectors, took place on 23 and 24 November and the first day was unannounced.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams and no concerns were raised by them about the care and support people received.

During the inspection we spoke with eight people who used the service, four of their visitors and two visiting health professionals. We also spoke to the registered manager, the deputy manager, and four support workers. We looked at a range of records relating to how the service was managed; these included five people's care records, three recruitment files and training records.

Requires improvement

Is the service safe?

Our findings

We found that people using the service were not always fully protected against the risks associated with the management of medicines.

We looked at the system in place for the safe storage and management of medicines. We saw that medicines received from the pharmacy were checked, signed for and countersigned and recorded when received and disposed of. We asked about audits of medication and were told that the Registered Manager generally carries out a check to confirm signatures, expiry dates and the correct numbers of tablets each week. The completion of medication audits minimises the risk of ongoing medication errors and identifies any gaps or risks where medicines are not accounted for. The Registered Manager was unable to provide us with any records to confirm medication audits had been completed.

People who used the service told us that they received help with their medication and nobody received their medicine covertly.

The Registered Manager, assistant managers and senior staff were trained to give medication. We observed one medication round during our inspection. Medicines were given in a calm and unhurried manner; the staff explained what they were doing and asked each person if they were ready to have their medication. We saw that one person who was prescribed medicines "as needed" (PRN), such as paracetamol, was asked if they would like their tablet, and the response was appropriately recorded.

There was a colour coded and controlled dose system in place for medicines to minimise the risk of harm. Medicines were recorded on each person's medication administration record (MAR) which also displayed a current photograph of the individual, further reducing the risk of giving medicine to the wrong person.

Each person who required any topical creams had their own supply which was applied by care staff, and the senior would sign a cream chart to record that they had been applied.

There was a locked fridge which held all temperature controlled medicines, but temperature checks were not kept up to date. If medicines are stored at the wrong temperature they can lose their potency and become ineffective.

Controlled drugs were securely locked in a cabinet attached to the wall. All other medicines were kept in a medication trolley which when not in use was stored in the main office situated close to the main entrance. However, on the first day of our inspection this was not chained, despite a clear notice above the storage area which stated that the medication trolley must be kept securely fastened to the wall. On the second day a lock and chain had been attached and the trolley secured.

We noticed that some people's medication was left outside the trolley, and although locked, the keys were left in clear sight on top of the trolley. This could allow anyone to access it, and take medicines not prescribed to them, allowing anyone to access it, and further reduce control and oversight of the medicine stock.

These identified issues were breaches of Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment: the proper and safe management of medicines.

The people we spoke with who used the service told us that they felt safe. One person said "It suits me fine. They make sure I'm safe; I have a button to press if I am in trouble and someone will come straight away". Another told us "it's nice to know that there is always someone around", whilst a relative told us "this is the right place for Mum. We know she will be kept safe."

The home was secure, accessed via a front door locked with a key pad. There were two floors and a safety gate was closed during the night to minimise the risk of falls. Stairs to an attic room used for storage were also secured.

We reviewed five care records and saw people had risk assessments in place. These included moving and handling, falls assessments, skin integrity, nutrition assessments and environmental risk assessments. These were reviewed and audited by the manager on a monthly basis. We saw evidence in the files we reviewed that weight was monitored on a regular basis and matched to body mass. Where there was a significant increase or decrease in weight, care plans reflected this and appropriate referrals

Requires improvement

Is the service safe?

made to the GP to seek specialist support from dieticians or other clinical practitioners. However, there was no response to other identified risks such as falls. For example, we looked at one person's records which identified a risk of falls, but there was no evidence to show that the cause of these falls had been identified, or consideration of methods to reduce the risk. Subsequent falls were recorded, but risk assessments had not been reviewed in light of each fall, nor was there evidence that records of injuries such as body maps were made at the time of the falls. When we spoke with the manager about this we were informed that the staff had considered various methods of reducing risk, but there was no evidence in care files to show that endeavours to minimise either the risk of falls or the consequences to this person had been attempted. All staff wore a uniform. In addition tabards, vinyl gloves and other protective measures were readily available and used by care staff when handling food, completing personal care tasks and cleaning.

Communal areas were kept clean and hygienic and all bedrooms and private areas were cleaned by domestic staff. There were no unpleasant odours. We asked one care worker about the procedure for handling clinical waste and they were able to explain the safe and effective procedure for correct disposal.

The service had a safeguarding adult's policy to identify report and follow up any incidents or allegations of abuse, and systems were in place to ensure people were safeguarded against potential harm from others. Where an allegation had been made we saw that the Registered Manager had taken appropriate action to deal with the incident through the service's disciplinary procedures and to protect and support the individual concerned.

The staff we spoke to were familiar with the safeguarding policy and were able to explain their responsibilities to protect the people who used the service. They were also aware of their responsibility to inform the manager of any bad practice they might observe. One member of staff told us "I am here for the residents. If I see something I don't like I'll take it straight to the manager, and if I'm not satisfied I will go higher". We saw that there had been a recent incident of whistleblowing and reviewed the record which showed that the registered manager had followed correct procedures to minimise the risks of poor practice.

Recruitment and selection procedures were in place to help ensure that the staff employed at the home were suitable to work with vulnerable adults and visitors to the service told us that they believed there were sufficient staff to meet the needs of the people who use the service. In addition to the registered manager there were two deputy managers which meant that a member of the management team was available every day. The Registered Manager informed us that there were at least three members of care staff on duty from 8.00am until 10.00 pm, with two waking night staff.

In response to changing needs of the people who used the service, the home also employed an extra member of staff to assist during busy times in the mornings and evenings. There was also a cook and a domestic assistant. We reviewed three weeks rotas and saw that the staffing levels were consistent with what we were told. Our observations confirmed that there were sufficient care staff to meet the needs of people who used the service and there was a staff presence in the communal areas.

We reviewed records which showed that regular maintenance and safety checks were carried out on equipment, such as the fire and call alarms, smoke detectors lift and emergency lighting. The home also had a hoist, and although this was not in use at the time of our inspection, this had been serviced by an authorised engineer.

All safety certificates, for example, fire safety, emergency lighting, gas and electrical safety (PAT tests) were valid and the manager was able to show us copies of personal evacuation plans for use in case of emergency. These plans were kept in each person's room.

The registered manager told us that managers would regularly check the home environment to identify any concerns which may increase risk, such as trip hazards, lighting or exposed wires etc, but findings were not routinely recorded.

The service provider informed us that they would pass on any concerns so that they could resolve the issues in a timely manner, for example, redecorating one lounge and purchasing new chairs and furniture. When we toured the building we did not find any health and safety hazards.

Requires improvement

Is the service effective?

Our findings

The service did not have an overall training matrix which would help to identify any available training or any gaps in training staff might have. However, we looked at the training records for two members of staff which showed evidence of recent training in a variety of topics including, dementia awareness, safeguarding adults, equality and diversity, death and dying and moving and handling.

As part of their induction staff were given training in topics such as first aid, fire safety, infection control and moving and handling. We spoke to three members of staff who all had qualifications in care, and confirmed that they received ongoing training. They provided examples of how they put their knowledge into practice; one person for example was able to describe how they supported people at the end of life. Priestnall Court's training and development policy stated that staff should receive supervision six times per year and a formal appraisal annually. Supervision meetings support and help staff to discuss their progress at work and also discuss any learning and development needs they may have.

The staff we spoke to told us that they had not recently had a formal supervision session and the records we looked at did not provide evidence that the policy was followed. We asked the registered manager why and were told that ''they didn't want it''. The manager told us that staff could approach her with problems as and when they happened and that these would be discussed and logged as a 'record of discussion'.

The registered manager and staff we spoke with told us that managers operated an 'open door policy' and worked closely with all staff. Our observations confirmed that the manager and deputies did not confine themselves to the office and supported staff with day to day activities which meant that they could observe practice, provide oversight and on the job supervision and instruction.

Staff also informed us that they felt confident in discussing issues of concern with the registered manager and deputy, and that they were supported with both work and personal issues. However, there was no opportunity for formal capability appraisal or for staff to discuss areas of interest and consider personal and professional growth. From our discussions with staff we were able to identify areas of interest which could be explored further through formal supervision and help build their knowledge and expertise in order to deliver a better quality of service to the people who used the service.

This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 staff must receive support, supervision and appraisal in order to perform their duties

Although the staff we spoke to demonstrated a good grasp of capacity and consent issues, and were able to explain how they would support people who lack capacity to make meaningful choices, any training that they had received was not up to date as it had been provided prior to changes in legislation in 2014.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation is in place to ensure people's rights are protected. When we inspected Priestnall Court none of the people who used the service were subject to a DoLS. At the time of our inspection there were twelve people with a diagnosis of dementia, and the registered manager agreed that a number of the people living in the home may not have been able to give their consent to receiving care and treatment at Priestnall Court.

This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment must only be provided with the consent of the relevant person and if unable to consent because they lack capacity the registered person must act in accordance with the 2005 Act.

People who used the service told us that they liked the food. One person told us "It's good plain cooking. It's not the Ritz but it's alright and it suits me fine!" For breakfast people were offered a choice of cooked breakfast, cereal and toast and for lunch a three course meal was offered, with water and a warm drink. There was however no lunchtime choice of food, although staff said that if people requested an alternative then this could be provided.

We observed lunch being served in the dining room, where the tables were attractively laid with tablecloths, mats and condiments. There was a menu board on the wall, but on

Requires improvement

Is the service effective?

the first day of the inspection the menu had not been displayed. On the second day of inspection the food choices for the day were shown, but the writing was small and was difficult to read for those with poor sight or living with dementia.

We saw that the portion sizes were good and that the food looked hot and appetising. One person required assistance with feeding and we observed the staff member standing rather than sitting beside the person to help them. Some people who had stopped eating, or were a little slow were encouraged in a gentle manner to resume eating. One person who did not like eating in company was supported to eat her meal alone in the lounge area, where there was more privacy. We observed people chatting to each other during the meal and the atmosphere was calm and unrushed.

People who used the service were offered a choice for their tea. This was usually a lighter meal, such as sandwiches or cheese or egg on toast. Coffee and tea were served between meals, but there were no drinks freely available for people who used the service to help themselves to throughout the day, although staff said that these would be provided if requested by people. This meant that if people wanted a drink, they would need to find a member of staff to help them, increasing their dependence on the service to meet their needs and potentially reducing their hydration levels.

We saw that weights were routinely monitored on a monthly basis and that staff knew how to fortify meals to increase their calorific content for those people identified as being underweight. Staff also knew when to refer to specialist support such as dieticians through the General Practitioner (GP) or district nurse for further help with weight management. We spoke to a visiting nurse who said she had no worries about the food served, and told us she felt that peoples' weight are kept in check. Care plans showed that weight was routinely monitored and MUST (multi nutritional assessment tool) scores were recorded to monitor the nutritional needs of all people who used the service.

We saw there had been some attempts to make the environment and décor of the home 'dementia friendly', despite there being 14 people who used the service with a diagnosis of dementia. Not all bedroom doors had the occupant's names on and we did not see any that displayed a photograph of the person. If staff were unfamiliar with the people who used the service this could lead to misidentification and treatment being given to the wrong person.

There were two lounge areas for people to sit in: the large lounge contained a television; the smaller one was reserved as a quiet area. We observed people making use of this choice of rooms and moved freely from one area to another. We saw that the majority of bedrooms had been personalised with people's own furniture, pictures and photographs. Surrounding the home there was an attractive garden containing a small pond and table and chairs. People who used the service reported that they used the garden during the summer months.

We spoke with two health care professionals who were very happy with the care people who used the service received. The General Practitioner (GP) visited the home every Wednesday where he would attend to any' health problems brought to his attention by the staff. He said he was confident that staff would refer people promptly to him outside of this regular visit if their health needs changed in any way. We spoke to a district nurse who was visiting to administer insulin to a resident. She said that the staff acted promptly to make referrals, either by 'phone or fax to the district nursing service, and that she had no concerns about the home at present. She commented that the ''staff take time with people who used the service'' and that they pick up on problems quickly. We spoke to a relative who believed that staff would refer their relative quickly to a GP if she needed to be seen. Staff were competent at applying basic dressings and steri-strips to simple wounds, and we saw from training records and talking to staff that they had completed basic first aid training.

None of the people who used the service had pressure sores and the district nurse commented that the staff were prompt at identifying patients at risk of pressure damage. Those people who used the service at risk were provided with a basic pressure relieving mattress and cushion, which were purchased by the home.

Good

Is the service caring?

Our findings

People told us they found that care staff knew them well and were kind and caring. One person told us, “The staff are busy but they always have time for us”. Another said “They really make an effort; I couldn’t single any one out. They are all so nice to all of us.”

When we arrived at the care home at 7.30 a.m. people were still in their rooms and the night staff were starting to support those people who wanted to, to get up. There were no set rising times, and people were being assisted to get up in their own time. We observed breakfast taken to some people in their rooms. A resident told us that they always offered her the choice of breakfast in bed, and that she “could please herself” when she wanted to get up.

Priestnall Court had a comfortable and calm atmosphere and we observed respectful and caring interactions between care staff and people who used the service. For example we saw one person being supported to walk along a corridor. The care worker offered an arm for assistance, and walked at an unhurried pace, chatting pleasantly to the person and pointing out any hazards. She reassured the person and offered to stop after a short while to give the person a rest.

People told us that staff supported them in the way they had agreed and that they asked for the person’s consent before carrying out care and support tasks. We observed this in practice, for instance, we saw care workers knock on doors before entering and asking if they required assistance. At lunchtime care workers asked people if they required support to eat their meals without presumption.

The service aims to promote a caring environment. The Registered Manager told us that they build good relationships between staff and the people who use the service to create an open friendly atmosphere. We were told that service encourages a family style relationship between the people who live there and the staff. The care staff we spoke with echoed this, one person told us that “they are family and this is their home. Home is where you feel safe and cared for. This is what we do”.

We were told by the manager that all new staff spend a part of their induction period with each person who used the service, in order to get to know and build up a relationship with them. This helps staff to build up a knowledge and understanding of each person’s needs and wishes and supported positive interactions between staff and people who use the service. The staff we spoke with demonstrated good knowledge and understanding of people’s individual needs and people appeared comfortable and at ease in the presence of staff. One member of staff recounted a detailed knowledge of the background to different people who used the service and described to us how this had built their different personalities, and reflected the way the staff member approached individuals.

Visitors we spoke to were complimentary about the staff. They told us that they were considerate and caring. One visitor said to us “they may be having an off day but you wouldn’t know it the way they are with the people here”. Another told us that they had chosen this home because of the homely environment and the friendly attitude of the staff.

People told us that they were treated with dignity and respect and offered choice in the delivery of their care and support. One person told us, “they don’t force anything on us, it’s free and easy, so we can choose when to get up and where we want to go. They will always listen to what we want”.

We saw that people were addressed by their preferred names and spoken to in a friendly manner making eye contact and touch where appropriate. The care staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. We saw that when entering occupied rooms staff would first knock and wait for a response. When they entered they would smile and address the person by their preferred name. People were taken to their own rooms or bathrooms for personal care, and doors were closed when staff supported people with their personal care needs.

All the people in the home were clean, well presented and groomed. Care was taken to support people with personal needs, as one member of staff told us, “We take pride in how lovely they look. It makes them feel good about themselves”.

We noticed that care staff used appropriate language, for example, when assisting with lunches staff referred to ‘clothes protectors’ rather than ‘bibs’. When we asked a care worker about this they explained “they are not children. We treat them as adults and talk to them as adults”.

Good

Is the service caring?

We asked the registered manager if people who use the service or their relatives were involved in reviews of their care, and she advised us that they were not. She explained that the local authority would review care annually and invite the relatives to these reviews. The service conducted monthly reviews of care plans but they did not include people who use the service or their relatives in these reviews. She informed us that when they had invited people in to participate, they were generally reluctant.

At the time of our inspection the care records had recently been transferred from paper files to an electronic system accessible by named individuals using a password. This made personal information held about the people who used the service more secure, but the visual display on screens had been formatted in a way which meant that information was difficult to understand, and some information was missing. We could not find evidence, for example, to show that care records for people documented their interests or what they enjoyed doing. From our observations and discussions with staff, it was clear that they had developed a sound knowledge of individuals' background and interests, and spent time getting to know and understand the needs and wishes of each person, but this information was not recorded.

People were supported to maintain relationships with family and friends. Feedback from visitors was positive, and the relatives we spoke with had no issues about the quality of care. There were no restrictions on visiting and those visitors we spoke with told us that they were always welcomed and supported when they visit.

Staff we spoke with had a good understanding of equality and diversity and respecting people's individual beliefs, culture and background. We noted, for example that a priest visited each week to provide communion. Records showed equality and diversity was included in the staff induction programme.

Requires improvement

Is the service responsive?

Our findings

One resident we spoke with commented that ''there is nothing to do, I just sit there all day''. We did not see any activities taking place on either day of our inspection, and there was no list of planned activities on display in the home. The manager told us that there were organised activities 2-3 times per month, such as visiting singers, armchair keep fit and 'Zoo Lab': this was an activity where trained handlers brought small animals into the home to provide opportunity for therapy and discussion. People told us that they enjoyed this particular activity. We were informed that Christmas was a particularly busy time with people who use the service being taken out to a local school for a carol service and Christmas meal. One person said that last year some people had been taken to a Christmas market. A relative we spoke with said staff held birthday parties for people who use the service.

There was a television in the main lounge, and a second lounge provided a quiet area where people can go for relaxation and conversation. We saw books and games in this area, but we did not see any people using them. There were no restrictions on people's movements. One person told us that she liked to spend some time in her room each morning, and would then go to lunch, after which she would "sit with her gang" in the quiet lounge. She enjoyed watching TV in the evening before retiring when she felt ready.

We saw good interaction between people and the staff and people were happy to converse with each other. There were friendship groups, and we witnessed some friendly discussion, but people who used the service relied on each other for stimulation and the lack of any structured activities increases the risk of isolation and boredom.

We saw that carers and staff were attentive to people's needs, for example, help with transferring and toileting, and responded promptly to alarm calls and requests for assistance

We reviewed five care plans. The home was in the process of adopting a computerised system for writing and reviewing care plans, risk assessments and daily care records.

At the time of the inspection the new process had only been operating for two weeks and there were considerable on-going problems with its implementation. The system relied on care staff inputting all the outcomes of the care they had given onto mobile devices (tablets), but there were problems with connectivity and with the system running too slow.

We looked at some of the paper care records that had been in use prior to the introduction of the computerised system. We found that they were very general and not specific or individual to each person. We saw evidence that they had been reviewed every month and any changes dated and signed.

When we looked at the electronic care plans and daily records we noticed that these remained task rather than person focussed. They were put together using phrases, such as 'needs assistance with washing' which were chosen from a list of pre-programmed stock phrases, rather than detailing the specific abilities and requirements of each person. This meant that care plans lacked detail and did not reflect the person-centred care that we observed and were told about by the people receiving this care.

The registered manager informed us that she had arranged for the company who supplied the system to give the staff further training on its use, and to review what information could be inputted and stored.

We reviewed one care plan and noted that the plan showed no changes for over a year, yet the section for visiting professionals recorded that this person was coming to the end of life, demonstrating that the needs of the individual might have changed, yet this was not reflected in the plan of care.

Although the paper and electronic care documentation was very general and not written in such a way as to reflect the needs of different people who use the service we did see evidence that staff knew these people well and that they took into account their specific care needs. One staff member commented ''this is their home'' and went on to describe how she would encourage people who use the service to be independent, for example by prompting them to wash themselves and by helping them to choose their own clothes.

The service did not keep a log of complaints or compliments, although the manager said that she kept any 'Thank You' cards they received. The home had received a

Requires improvement

Is the service responsive?

complaint from a relative earlier in the year and this had been investigated by the local safeguarding team. There was evidence that the manager had followed the correct procedure in reporting and following up this complaint.

We asked the manager how the staff learnt from complaints and she said that they discussed the outcome in staff 'handover'. The people we spoke to said they did not have any complaints at present, but would feel able to raise them with staff if they needed to.

Requires improvement

Is the service well-led?

Our findings

It is a requirement under The Health and Social Care Act that the manager of a service like Priestnall Court is registered with the Care Quality Commission. A registered manager is in post and has been since December 2012.

People who used the service, their relatives and other people we talked to felt the home was well led. They informed us that the registered manager was knowledgeable about the people who lived in the home and had a visible presence. One visitor told us they had chosen the home partly because "the manager takes time out to get to know people. She's there when we arrive and she helps out. She seems to lead from the front." A member of staff said to us "the manager supports us and helps us to do our job. We see the different personalities and are encouraged to know them so they become like family. We all get on and that gives it a lovely homely feel".

Support was also available from the owner, who visited the home on a regular basis and was familiar with the people who used the services. We were told that he will agree to any reasonable request for resources and had recently arranged for parts of the home to be redecorated, including provision of new armchairs.

We saw a "whole team approach"; although staff had roles and responsibilities all were willing to support each other and help out with tasks, for example, helping in the kitchen or with laundry. The employees we spoke to were motivated and demonstrated a high level of job satisfaction and this was reflected in the low level of staff turnover with the majority of the staff having been employed at the home for two years or more.

The registered manager informed us that they promoted a positive and close relationship with the people who use the service and encouraged an open and friendly atmosphere. She told us "it's family. This is a 'home from home', and they are all like a part of our family". The office 'open door' policy gave free access to management at all times.

This produced an environment which was open to the day to day needs of the people who used the service. We observed an open and honest service which was reflected in good delivery of person centred care in a manner that matched the needs of individuals.

However, the service did not have sufficient systems in place to ensure that regular quality checks or record management systems were in place to drive forward improvements

We were informed that care files were regularly checked by the manager and deputies. Whilst there was evidence in both hand written files and the electronic case files to show that they had been checked. Reviews of care plans did not reflect the changes in delivery of care apparent from our observations of interactions, or from feedback given to us by people who used the service. Where issues did arise, the response was not always documented.

There was no record of audits or any complaints log for example, which could be used effectively to improve the service delivery by learning from mistakes.

There were no quality systems in place for monitoring the performance of individual staff members or for allowing collective understanding of issues or concerns. The last team meeting had been ten months before our visit. One member of staff told us that the focus was on meeting the needs of the people who used the service, and that they could raise any issues with the manager as they arose. They told us that they were confident that the manager would resolve any difficulties. We were told by one care worker "I will be listened to and [I am] confident any issues would be followed up. We may disagree but at the end of the day we are able to say what we think and appreciate each other's point of view".

The systems and processes in place were not sufficient to ensure 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. This was in breach of a breach of Regulation 17(1) (2) (a) (b). of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe or unsuitable medicines management practices in relation to security, records and administration. Regulation 12(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Persons employed by the service did not receive appropriate supervision and training to carry out their duties. Regulation 18(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Authorisation for care and treatment for people who lacked capacity had not been sought. Regulation 11(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes did not assess, monitor and improve the quality and safety of the service provided. Regulation 17(1) (2) (a) (b).