

Prideaux Manor Care Limited

Prideaux Manor

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

About the service

Prideaux Manor is a residential nursing home providing personal and nursing care to up to 27 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 15 people using the service.

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

There had been multiple changes in management and staffing which had affected consistency and morale of staff. Staff were positive about the current management team. There was currently no registered manager at the service, the provider was involved in the day to day management of the home and was working with the staff team to embed a person-centred ethos.

Improvement was needed to aspects of record keeping to ensure that staff were accurately recording the support they provided for people. Systems had not yet been embedded into practice to record people's and their relative's views.

People were supported safely by staff that knew them well. People were protected from the risk of harm and abuse. Risks to people were assessed and staff understood how to manage those risks. There were enough staff to support people and staff were recruited safely. The home was clean and hygienic and had recently undergone extensive renovations.

People's needs were assessed before they moved into the home to ensure staff could support the person. People's care plans were developed from these pre-admission assessments and people and families were involved in writing them. Staff had received training that was relevant to their role and the people they supported.

People were cared for by staff that were kind and caring and respected people's equality and diversity. People and their relatives were positive about the staff team. Relatives told us, "They seem very professional, incredibly patient all of them and very caring from what I can see."

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.

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

Why we inspected

The service was registered with us on 5 May 2021 and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 12 March 2020.

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 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Prideaux Manor

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 one inspector. An Expert by Experience carried out phone calls to people's relatives after the site visit. 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

Prideaux Manor 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. Prideaux Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time with people living at the home and observed interactions between staff and people. We spoke to seven people and seven people's relatives. We spoke with seven members of staff which included the provider, deputy manager, registered nurses, senior carers and carers. We received feedback from three health professionals that worked with the service. We reviewed three people's care plans and multiple medication administration records. We looked at documents relating to quality monitoring of the service and were sent training records and information around staff supervisions and observations.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding incidents and concerns had been appropriately recorded and reported by staff. Learning from safeguarding incidents were discussed in team meetings and at supervisions.
- Staff understood their responsibilities around safeguarding and how to recognise signs of abuse. Staff knew how to report safeguarding concerns internally and externally.
- People's relatives told us they felt their loved ones were safe. One person's relative told us, "I know [person] is safe and cared for. The staff couldn't have been kinder to us."
- The provider told us about lessons learned from events that had led to improvements for people. This included changes in the staff team to ensure an appropriate skill mix at all times. Following a storm which affected the service, changes had been made by staff to the contingency plan to ensure that any similar events would have a minimal impact on people at the home.

Assessing risk, safety monitoring and management

- Risks to people were managed safely. Assessments had been carried out to identify potential risks to people and measures put in place to minimise those risks.
- People that were diabetic had clear risk assessments in place which detailed the impact this condition may have on people and how staff should support people to safely manage their condition. Information included guidance for staff on how to identify if the person was becoming unwell as a result of changes in blood sugar levels.
- Where people were at risk of falls, staff had identified this risk and taken measures to minimise this risk for people. This included regular monitoring, reminding people to use their walking aids and the use of bed rails to prevent people from falling out of bed.
- Where people were at risk of pressure sores, this had been identified through the person's risk assessment and measures were put in place to minimise this risk. Measures in place included supporting the person to reposition regularly and the use of pressure relieving equipment such as airflow mattresses.
- People had personal emergency evacuation plans (PEEPs) in place which were individual to each person and easily accessible in the event of an emergency. The management staff carried out regular environmental checks to ensure people's safety.

Staffing and recruitment

- There were enough staff to support people safely. We saw staff were not rushed and took their time to support people. Staff were allocated areas of responsibility for each shift by the nurse in charge of the shift. People told us there were enough staff to support them and staff were available when they needed them.
- People's relatives were confident in the staff team and we saw staff knew people well. One person's

relative told us, "I believe they have taken the time to get to know all the residents. Certainly, in [person's] case they have got to know their needs well."

- Staff were recruited safely. The provider carried out appropriate checks before people started working at the service. This included references from previous employers and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. There were safe arrangements for the storage, administration and disposal of medicines.
- People's care plans contained clear guidance for staff on what conditions people took their medicines for and how best to support each person with their medicines. People's medication administration records (MARs) had been accurately completed by staff.
- Where people had been prescribed medicines to be taken only when needed, there were clear protocols in place to guide staff on when the person may need this medicine and how to record the outcome of taking this medicine.
- Staff received training before supporting people with their medicines. Staff who administered medicines during our inspection demonstrated good practice.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

People were supported to receive visits from their friends and family. One person's relative told us, "It is friendly, welcoming and they always make me feel comfortable when I visit, and it is very relaxed."

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed, and staff considered each person's individual needs and preferences. People's care plans detailed how people wanted to be supported by staff.
- Staff used nationally recognised tools to help assess people's needs and updated these regularly. This included malnutrition tools to check people's risk of weight loss and specific assessments to assess risks to people's skin.
- Assessments of people's oral health were clear and detailed specific guidance for staff to support people to maintain good oral hygiene. This included what the person could do for themselves and what support staff needed to provide.

Staff support: induction, training, skills and experience

- Staff received an induction before supporting people. This included training, shadow shifts and the supervision of a senior member of staff. Staff told us their experience of the induction had been positive. One staff member told us, "The induction was useful and shadowing more experienced staff helped me to get to know how the place runs and the little things that are important to people, like how many sugars they have in their hot drinks."
- Staff received training in areas that were relevant to people they supported. Training included dementia awareness, person centred approach and pressure sore prevention. Staff told us the training they received prepared them for supporting people.
- Staff told us they received supervisions and competency checks. One staff member told us, "I had a competency check when I first started to check I was doing everything properly. I got feedback straight away which helped me to improve my practice and know I was on the right track."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink a varied diet. People's weights were regularly monitored, and food and drinks were fortified where needed. If people continued to lose weight, staff made a referral to the dietician to seek advice.
- People told us they enjoyed the food. One person told us, "The food here is great! Especially the puddings." Staff told us, "There are absolutely no restrictions on food. People can have whatever they like."
- The management team undertook regular observations of the mealtime experience to identify any changes that may be needed and monitor how people found their mealtimes. Changes had been made based on these observations such as ensuring people were regularly offered choices between drinks. This had been discussed with staff at a staff meeting.
- People were provided with specialised diets where they were needed. For example, people who had issues

with swallowing had their food prepared to a softer consistency following the advice of the speech and language therapist (SALT) team. Staff were knowledgeable about the different types of diets people required.

- People's relatives were positive about their loved ones being provided food and drink. One person's relative told us, "[Person] loves her food. She is less good with drinking and they always monitor this. They always check that she has a jug of water or squash and will top it up if it is getting low. There are choices, and they have homemade cakes which are absolutely delicious."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with external health professionals to ensure people received effective and timely care. People's notes showed that staff contacted health professionals if people became unwell.
- Staff had made referrals to health professionals where needed. This included physiotherapists, occupational therapists and speech and language therapists. Staff recorded visits in people's care plans and advice from professionals was followed.
- People's relatives were informed when people had seen health professionals. One relative told us, "When they have had a G.P. or district nurse in to see him, they always tell me. I am never left in the dark about what is happening to my [relative]."

Adapting service, design, decoration to meet people's needs

- The provider had carried out extensive renovations of the home to improve the environment for people. The communal areas had been redecorated, with the flooring replaced and new furniture bought. Staff were in the process of decorating people's bedrooms and upgrading the bathroom facilities.
- People and relatives were positive about the changes the provider had made. Relatives told us, "Since the new regime took over they have done it up room to room. A lot of attention has been given to bright colours and a lot of care to fixtures and fittings" and, "Since Prideaux took over there have been a lot of changes with renovations, which have all been very good."
- People were encouraged to bring their own items into the home to personalise their bedrooms. One person proudly showed us a painting they had brought with them and told us they had had the painting for many years and loved to look at it.
- Maintenance issues were identified through audit processes and where issues were found, a log of issues was passed onto the maintenance staff to action. We saw that issues raised were addressed in a timely manner.
- The provider had considered ways technology may be used to engage people. For example, for some people who chose to spend time in their bedroom, the provider had suggested to people's relatives that they buy the person a voice controlled personal assistant.

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's mental capacity to make decisions had been assessed. These assessments were decision specific and where decisions had been made in people's best interests, the least restrictive option had been considered. We saw staff offered people choices around daily activities such as where they wanted to spend their time, what they wanted to do and what they would like to eat and drink.
- DoLS had been applied for where needed. The provider kept a log of applications made and how they were progressing.

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

- Staff treated people as individuals. Staff told us, "You have to tailor how you are with each person differently, what is appreciated by some may not be by everyone. It's all about respecting the person themselves and not as a group." We saw that staff approached and engaged with each person in a different way and people responded well to staff.
- People told us they were supported by kind and caring staff. One person told us, "Staff check I'm okay and that I'm comfortable. I'm quite happy with being here and how things have been." One person's relative told us, "They seem to be very professional, have a good caring nature and are very helpful. [Person] seems to have formed a good relationship with some of them. I am quite happy on that front."
- Staff told us they had time to spend chatting with people. One staff member told us, "We have so much time to interact with people which helps us to build relationships and rapport with them." Staff told us that building relationships with people was important and helped to increase people's trust when staff supported them with personal care.
- Staff told us how they tried to make people smile. One staff member told us, "It's all about doing anything we can to bring about a smile. Sometimes I sing and dance, being silly normally cheers people up. They might laugh at me, but at least they're laughing!"
- People's religious beliefs were respected, and people were supported to follow their religion. One staff member told us, "[Person] is unable to speak but his faith is his passion. So, we bought him audio books of an actor reading the psalms. I sit there and listen with him, it's in his heart and is what's important to him."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were in control of their daily lives and supported to make choices around how they wanted to spend their time. One person told us, "I can choose when I want to get up, what I want to eat and what I'd like to do. It's all wide open to me." Another person told us, "Smoking is very important to me and they take me outside whenever I want. There are no restrictions."
- People and their relatives were involved in making decisions around their care. One person's relative told us, "Where we have made comments and suggestions about the food, staff have taken this on board. We asked for [person] to be provided with more fruits and salads and suddenly they appeared on the menu."
- Staff respected people's privacy and dignity. Staff told us how they respected people's wishes to be in their room alone. One staff member told us, "I always knock on their door and wait for them to answer. I check they don't mind me coming into their room. People's bedrooms are their own private space and we have to be respectful of that."
- People's relatives were confident that their loved ones were treated with dignity and respect by staff. One

relative told us, "When they (staff) go in [person's] room, they always greet her well and always explain why they are there and what they are going to do. They also always ask her permission as to whether she is happy with what they want to do."

- Staff told us how they treated people with dignity and respect when supporting them with personal care. One staff member gave us an example of a person who could become embarrassed when supporting them with personal care. The staff member told us, "When helping them to get washed and dressed, it's important to cover over exposed areas as much as possible. We know what [person] is comfortable with and how to recognise when they're not comfortable. We explain fully what we are doing and check they are okay before supporting them."

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.

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

- People's needs were holistically assessed and considered the whole person, their wishes, likes and dislikes. People's care plans included information about people's personal histories, friends and family that were important to the person and information on people's hobbies and interests.
- People's relatives were positive about the pre-admission process. One person's relative told us, "When staff came to do [person's] assessment at home, they were so kind and related to my circumstances and showed me such empathy. The whole process for [person] moving in the home was seamless. I felt reassured from the moment we arrived."
- Each person's care plan was different and gave staff information on people's preferences for how they wanted to be supported in areas such as getting up, personal care and receiving their medicines.

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.

- People's care plans gave clear guidance on how best to communicate with people. Where people used aids such as hearing aids and glasses, guidance was clear on how to help the person to use these effectively.
- Information was available for people in accessible formats if they needed them. For example, staff provided menus printed on yellow paper for people with macular degeneration to make them easier to read.
- Staff were aware of people's unique ways of communicating and what was important to ensure that people were communicated with effectively. For example, we saw that for one person with a sight impairment, staff introduced themselves each time they spoke to the person and when giving the person their lunch, explained what each food was.

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

- Staff told us that they had recently received verbal feedback from people about the activities provided. Activities were a work in progress and staff were developing ways to engage people in interests that reflected their hobbies, likes and dislikes.

- People's communication needs had been taken into account when engaging them with activities. For example, talking books had been sourced for people who had difficulty reading.
- Staff were in the process of setting up a gentleman's club for people. People told us they wanted more exercises to be involved in the activities in order to improve their mobility. Staff had contacted a physiotherapist to discuss with them what could be provided for people.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place with a clear procedure for staff to follow in the event of a complaint. Staff had not yet received a complaint. One person's relative told us, "If I did have to complain I would go to [provider] or [the manager], both of whom are charming, and their door is always open."
- People and their relatives knew how to complain and were confident that any concerns raised would be addressed. One person told us, "[The provider] usually does exactly what they say they are going to do, so I let them know if I have any issues."

End of life care and support

- People's care plans detailed people's wishes about the care they wished to receive towards the end of their lives. This included where the person wanted to be cared for and any religious or cultural needs.
- Staff were passionate about providing good end of life care for people. One staff member told us, "It's all about the person's wishes, what they want and what they choose. I will be an advocate for them if needed to make sure their wishes are respected at the end of their lives."

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 as requires improvement. This meant that more time was needed for person-centred practices to be embedded and implemented throughout the service to 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

- Improvements were needed to some aspects of record keeping. Although we saw that staff were offering people support to get out of bed and had declined, this had not always been recorded in people's daily records. Records of staff providing people with oral hygiene support were inconsistent and there were gaps in recording of this. We discussed this with the provider who told us staff were getting used to the system and needed some prompting with recording.
- Although medicines were managed safely, we identified gaps on the temperature recording of the medicine room and the medicine fridge. Although staff had received training before supporting people with medicines, some had not received competency checks to ensure they supported people with medicines safely. The provider told us they were in the process of addressing these issues.
- Regular audits were carried out around different aspects of the service which identified any issues. Areas for improvement identified through the audits were then assigned to specific staff members to action.
- Staff told us they felt supported by the management team. One staff member told us, "The management here are very supportive, I'd go to them if I had any concerns and they help you to build your confidence up." Another staff member told us, "The managers and nurses are brilliant, they think about how we are feeling and are very hands on."
- Relatives were positive about the management team and the running of the home. Relatives told us, "I think it is extremely well managed. I think [provider] is a great person and goes above and beyond." And "I think it is well run. There are no issues there, and everything seems to run very smoothly."

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

- The provider was working with staff to create a positive, person-centred culture. There had been staff and management changes that had impacted on staff. The management team were working to encourage people to spend less time in bed where they were able to get up, get involved in social activities and form friendships. More time was needed for this to be embedded within the service.
- The provider was working on improving person-centred activities for people. Some people told us they wanted more opportunities for engagement and for activities that were more suited to them. Whilst there were some activities offered to people, these were not always specific to people's interests. One person told us, "There is an activities person but the only thing I've ever seen is crosswords and I'm not really interested." The provider told us this was something the staff team were working on improving.
- People told us that staff understood what was important to them. One person pointed to a member of

staff and told us, "That lady looks after my clothes. I have some really nice pieces that are very important to me and she makes sure that they are looked after and everything is washed and treated kindly."

- People's relatives were positive about the culture and atmosphere of the home. They told us, "I like the atmosphere. It is warm and has a welcoming feel to it." And, "It is homely and friendly and is how you would want it to be. I don't feel restricted in any way or uncomfortable. It is really nice now and lovely."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Although we saw that where people and their relatives had made suggestions, these had been actioned by staff, better recording systems were needed to show evidence of this.
- Formal ways of receiving feedback from people and relatives had not yet been established. The provider planned to send out surveys and hold relative/resident meetings in order for people and their relatives to be able to give their views. Surveys were sent out to people's relatives following our inspection.
- Although reviews of people's care and care plans had taken place with their relatives, these had not been recorded by staff. The provider told us after the inspection a meeting had been held to discuss the importance of recording when people's care was reviewed.
- Managers communicated with the staff team and kept them informed of changes in the home. One staff member told us, "We have staff meetings where we discuss what's going on. Communication is really good here. I feel like if we made suggestions to change things, they would listen."
- The provider had asked staff to complete a wellbeing survey. This survey gave staff the opportunity to tell the management team how they were feeling and whether they needed any support. From the responses received, the management team arranged for support for staff to improve their mental wellbeing.

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 provider understood their regulatory responsibility to send CQC statutory notifications of events within the service. We saw these had been completed appropriately and in a timely manner.
- The provider understood their responsibilities around duty of candour and was open and honest.

Working in partnership with others

- Staff worked regularly with health professionals such as speech and language therapists, tissue viability nurses and physiotherapists. We saw that staff followed advice given by health professionals.
- Professionals that visited people at the home were positive about their interactions with staff. One professional told us, "The care staff seem professional and showed genuine concern and interest in the advice I provided."