

Mr David Krishnalall Jangali

Priory Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Priory Lodge provides accommodation and personal care for up to 19 people. The service accommodates adults and people aged over 65 who have a variety of long standing mental health conditions. There were 18 people living in the service when we inspected.

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

People told us that they were happy living in the service and staff were kind and caring.

Systems were in place for the supply and storage of people's medicines, but these were not working effectively, and staff were decanting medicines into containers which increased the likelihood of errors. Action was immediately taken by the manager to address this and we saw the new system in operation on the second day of the inspection. We have made a recommendation about medicines.

Risk assessments detailed people's individual risks such as mobility and pressure care and there were arrangements in place to reduce the likelihood of harm. Safety checks were undertaken on the building and on the equipment to check if it was safe to use.

There were clear systems in place to recruit staff and ensure their suitability before they started work at the service. Staff received training to develop their skills and enable them to meet people's needs.

The service was largely clean and there were no odours. Some of the flooring and seating was worn which made them difficult to clean but we saw that there was an ongoing programme of refurbishment and replacement.

When an incident occurred, this was investigated, and lessons learnt where appropriate. The service worked with external health and social care professionals to achieve good outcomes for people.

People told us that they enjoyed the food, but mealtimes would benefit from being more interactive and collaborative.

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.

Care plans were in place which set out people's needs and preferences. We have made a recommendation about enabling people to have access to their care plan.

People were supported by a consistent team of staff and most staff knew people well. People had a key worker with whom they met regularly to discuss their needs.

People had access to some social and learning opportunities, but further work is needed to encourage independence and help people to lead fulfilling lives. We have made a recommendation about improving access to community and mental health groups to reduce the risk of social isolation.

Feedback from people and relatives was considered through a range of systems such as surveys, care reviews and meetings.

The culture of the service was not fully person centred and the manager agreed to review some of the routines in place and assist people to access advocacy.

The provider had a framework to monitor performance and drive improvement. This included the collection and analysis of data as well as regular audits. These systems however had not identified all of the issues that we found at this inspection.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 19 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well led findings below.

Requires Improvement ●

Priory Lodge

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.

Inspection team

The inspection was carried out by one inspector and an expert by experience. The expert by experience had experience of community services for people with mental health needs.

Service and service type

Priory Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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, but they were not registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We attended a residents meeting, spoke with the manager, three members of staff, seven people living in the

service and four family members. We reviewed care and support plans, medication administration records, recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service. At the end of the inspection we provided feedback to the manager and provider.

After the inspection

We spoke with the manager about the actions that they were taking.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not managed safely, and people were placed at risk of harm.
- We observed that staff were decanting people's medicines from boxes into other containers. This practice increases the likelihood of error and is not recommended. We spoke to the manager about our concerns and they immediately ceased this practice.
- During the process of the inspection the provider advised us that they had engaged with a new medication supplier and have subsequently told us that this has been implemented.

We recommend that the medication policy and the training provided to staff on medicines is reviewed to ensure it is in line with national guidelines.

- Medicines including controlled medicines were securely stored. We reviewed people's medication administration records and checked the amounts against the records and did not find any discrepancies.
- People who received 'as and when required' (PRN) medicines had clear instructions in place for staff to follow when administering these medicines. Staff regularly checked balances of medicines to ensure that they would not run out.
- Competency assessments were completed on staff to check their skills and knowledge before they administered medicines independently.
- People told us that they were administered their medicines at the same times. One person told us, "They are very good, they know what they're doing. There haven't been any occasions when they've been missed."

Assessing risk, safety monitoring and management

- Risks were assessed, and plans were in place to reduce the risks of harm. People at risk of skin damage had specialist mattresses and were regularly repositioned to reduce the risk of skin break down.
- People's access to the kitchen was restricted at points in the day and we were told that this was how some risks were managed. We asked the manager to review this to ensure that this was not disproportionate and met legal requirements.
- Records showed that checks were completed on the building and on the equipment to ensure that it was well maintained and working effectively.
- Fire safety and moving and handling equipment were all inspected and serviced at regular intervals. Checks were undertaken on the water to ensure that it was maintained at the correct temperature and the risks associated with Legionella were managed.

Staffing and recruitment

- People told us that there was enough staff to keep them safe and staff were largely available when they needed them, but there were occasions when staff were not able to take them into the community when they wanted to.
- One person told us, "Staff are always checking up to see where you are." Another said, "I like it here, there is nothing not to like really."
- We reviewed the staffing rota and noted that staffing levels were consistent. The manager told us that they organised one to one time for people to facilitate access to the community.
- There was a visible staff presence in communal areas and in corridors when people were moving around.
- The service covered shortfalls such as sickness and holidays through its own staff team. They were not using agency staff and had their own team of bank staff for emergencies.
- Checks on staff suitability were undertaken on all new staff prior to their appointment. Identity checks, criminal records check, and appropriate references had been obtained on newly appointed staff.

Preventing and controlling infection

- The service was largely clean and there were no odours. Some of the flooring and seating was worn which made them difficult to clean but we were told by the manager that there was an ongoing programme of refurbishment and replacement.
- A new laundry and sluice room was nearing completion.
- Staff were aware of their responsibility in terms of Infection Control and what this meant.
- Staff had access to personal protective equipment such as gloves and aprons. People had individual slings to reduce the likelihood of cross infection when being assisted with their mobility.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse. Staff received training on safeguarding and knew how to raise concerns.
- Appropriate actions had been taken by the manager, when concerns had been highlighted.
- There were systems in place to safeguard people's money where staff purchased items on their behalf. Receipts were obtained, and moneys regularly checked to ensure that they were accurate.

Learning lessons when things go wrong

- There were systems to record and report safety concerns and near misses. The manager analysed incidents and accidents to identify lessons learnt.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 care, and support were delivered in line with current standards and guidance. The manager told us that they kept up to date with guidance and changes in the sector through meetings with other providers and conferences.
- People's needs were assessed before the service started to support them to ensure that they could meet the individual's needs.
- The use of technology within the service was limited but the manager told us that they were upgrading access to the internet and it was planned that this would be available to individuals in their rooms within the next two months.

Staff support: induction, training, skills and experience

- People and their relatives told us that staff were appropriately trained.
- Staff were positive about the training and could tell us about the subjects that they covered which included areas such as moving and positioning, first aid and fire safety. The manager told us that staff were supported to access additional qualifications such as the Qualification and Credit Framework (QCF.)
- New staff completed the care certificate and undertook induction training which involved both face to face training and working alongside an experienced member of staff before working independently.
- Staff received regular supervision sessions giving them the opportunity to talk through any issues, seek advice and gain feedback about their work practice.
- Regular staff meetings were held to update staff and discuss improvements.

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

- People told us that they enjoyed the food and had sufficient amounts to eat. Some people had tea and coffee making facilities in their room.
- People were involved in developing the menu and a residents meeting was held on the day of the inspection to discuss the menu and people's preferences.
- The food served on the day of the inspection looked appetising. One person told us, 'it's delicious' and another 'it's very good.'
- We observed that when one person did not want what was on offer, the staff were able to provide them with an alternative promptly.
- People were also supported to eat healthily, and people's weights were monitored. One person told us, "I've been wanting to lose weight, I'm too heavy... they are helping me to do it." Another told us that they had access to fruit and healthy snacks.
- Nutritional assessments were undertaken where people had lost weight and at risk of malnourishment.

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

- People were supported to access healthcare support.
- Care records evidenced ongoing involvement of health professionals and we saw evidence of appropriate contacts with the drug and alcohol service, community mental health services and the local GP surgery.
- People had access to chiropody and were provided with information on local dentistry services. Where required home visits were organised with a community dental service.

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

- The communal areas were comfortable. Some areas looked tired and we were informed that there was an ongoing maintenance and upgrading programme.
- The service was located in the centre of Colchester and people had good access to the shops and local facilities. The service had a small garden and area where people could smoke under shelter.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that people were being deprived of their liberty and the manager told us that applications had been made to the local authority. There were some restrictions in place regarding access to the kitchen and the manager agreed to review these in conjunction with individuals.
- Best interest decisions were in place for areas such as the delivery of personal care and the administration of medicines.
- Staff had completed training in MCA and were clear about best interests and how to support people with decision making. Throughout the inspection we observed staff offering people choices and listening to their wishes.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were observed to be kind and caring in their interactions with people. The atmosphere was relaxed and friendly.
- People and relatives we spoke to were complimentary about the care and support provided. People told us that they had good relationships with staff. One person told us, "The staff are very good and patient ... if I need help with anything, sometimes things are a bit muddled ... they do chat and help me." Another told us, "They're all very helpful and nice." Adding "We have some laughs sometimes together ... I like that."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and we observed staff offering people choices.
- People and relatives were provided with opportunities to feedback their views as to how the service was run. Resident meetings were held at regular intervals to discuss how the service was working and suggestions for improvement.
- Staff could tell us about individuals, what they enjoyed and what was important to them. People told us that staff knew them well. One person told us, "They call me by my first name ... that's important to me."
- There was a wish tree in place where people could write things that they wanted to do or achieve, and we saw that peoples wishes had been met.
- Everyone had a key worker who they met with regularly, one person told us, "I've got a new keyworker now. I knew her already but now she's keyworker. I think she is very good. she understands."
- Regular reviews of people needs were undertaken. Relatives told us they were able to visit without restriction and, where appropriate, involved in the planning and review of care plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "They don't barge in on me...if I haven't cleared up something in my room they don't nag me."
- Staff were clear about the importance of privacy and people told us that that staff gave them space, they needed.
- Staff were observed encouraging people to do tasks for themselves independently.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- Care plans were in place to guide staff and were detailed and informative. They provided information on people's preferences such what they enjoyed doing and liked to eat and drink. Information was included on what might cause the person anxiety and stress and how staff could best support the person.
- Staff told us that they received daily handovers on peoples needs and when additional monitoring was needed. Relatives told us the service communicated well with them and kept them up to date with any changes to their loved one's health and wellbeing.
- People told us that their care was regularly reviewed, and they met with their key worker on a regular basis to discuss their progress. One person told us, "I'm asked lots of things and I say what I want." No one we spoke to however had a copy of their care plan and did not think they were able to view it.

We recommend that the service has a clear process in place to enable people to have access to their care plan and this is made available to people using the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in different formats and easy read was available.
- People were wearing their communication aids such as glasses and hearing aids.
- Care plans provided clear guidance for staff to follow when communicating with people. We observed staff communicating well with people, such as getting alongside them when talking with them.

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

- While some people had improved access to adult education and the local community, further work is required to ensure that people lead interesting and fulfilling lives.
- People told us that they were sometimes "bored", and we observed that on the days of our inspection people spent long periods disengaged. There were some activities, but they were very limited.
- The general election was due to take place, but people were not aware that they could vote and told us that there had not been any discussions about this. However, the manager told us that people were registered to vote and it was planned that voting would be facilitated.
- There was a focus on routines such as set times for coffee and lunch. One person told us that they felt that

they had to comply with the routines and described feeling "small" after being spoken to by staff when they were late. We spoke to the manager about this and they told us that they would address this and introduce more flexible arrangements.

- There were missed opportunities for engagement. Meal times for example was not an interactive or collaborative experience. One person told us, "I come down and my meal is ready ... we don't really chat, the staff don't really chat ... we just get on and eat our dinners." Another told us, "We just eat our food, then we go ... it would be nice to spend longer and have a chat." And "sometimes they have the radio on, so we can't really talk anyway ... I don't mind because I like to get away again."

We recommend that the service supports people to access community groups and wider mental health groups to reduce the risk of social isolation.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which was available in an easy read format.
- People told us that they knew how to complain but some did express some reluctance to do so. One person told us "I don't like to complain ... I keep to myself, so I don't have to." Asked how staff respond when people raise issues, they told us that they "get in trouble ... they tell you off."
- There were no arrangements in place for people to receive support from advocacy services. However, following the inspection, the manager told us that they had been in contact with a local advocacy group and it was planned that they would provide individual support to people and support the complaints process.
- Relatives told us that the service was approachable and responded positively to issues.

End of life care and support

- People had end of life plans in place which identified what was important to the individual however these varied in detail and some plans would benefit from further information to ensure that there were clear arrangements in place in the event of a sudden illness.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager was well known to staff and people using the service. They were not registered with the Care Quality Commission but told us of their intention to do so. The manager knew the needs of the people using the service and worked alongside care staff as a member of the team as well as providing management oversight.
- People, relatives and staff were positive about the service and told us that they liked living at Priory Lodge.
- The culture of the service however was not fully person centred, and we have identified issues in the other sections of the report. People described not always being fully involved and there being routines in place which were not flexible. We have asked the manager to review some of the safety systems in place to ensure that they were not disproportionate and to assist people to access advocacy.

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

- The manager kept an overview of all accidents, incidents and safeguarding concerns.
- The manager was aware of the legal requirement to notify the Commission of any authorised DoLs, safeguards or significant injuries to people using the service and appropriate notifications had been completed.

Continuous learning and improving care

- Monitoring systems were in place to review and improve the quality of care. Since the last inspection CCTV had been introduced in the communal areas and there were signs around the building to let people know.
- Night checks were undertaken, and regular audits were undertaken of areas such as care plans, medication and the environment. Audits had not identified all the areas that we found.
- The provider regularly visited the service and was well known to the people living in the service.

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

- Feedback on the systems of consultation were inconsistent.
- There were systems in place to engage with people including resident meetings and questionnaires. Questionnaires had recently been sent out and those which had been returned were positive.

- People however told us that they were not always consulted about key changes, such as CCTV which had recently been fitted. However, those we spoke to were generally in favour of the increased surveillance and told us that it made them feel safe.
- There was no information about advocacy on display and the people we spoke to were not aware that they could have access to an advocate. Following the inspection, the manager contacted a local advocacy group and arranged for people to access this.
- Regular staff meetings were held with groups of staff, such as seniors, night staff and care staff to identify issues and ensure that staff were clear as to expectations.