

Priority Care Home Limited

Priority Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Priority Care Home is a residential care home providing accommodation and personal care for up to 37 people. The service is located in the residential area of Bradford and provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 22 people using the service. Accommodation is provided in one adapted building with lift access set over 3 floors. The ground floor has a communal dining area and lounges.

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

Risks were not always mitigated to help ensure people received safe care. Medicines administration procedures required improvement to ensure people always received their prescribed medicines when they should. There was regular review of care plans and risk assessments. However, audits had failed to identify the areas for improvement about safe medicines administration.

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

People and relatives generally told us they felt safe and were confident concerns would be addressed. There was review of when things go wrong and lessons learnt. We have made a recommendation about assessing and reporting safeguarding concerns after accidents and incidents have been investigated.

Records we reviewed showed staff were recruited safely. Staffing levels were appropriate to meet people's needs. . People and relatives were involved in the development of their care plans where appropriate.

Staff we spoke with had a good understanding of their role and responsibilities. They felt well supported by the management team members. The provider gathered a range of views about the service, was responsive to feedback and took immediate action to address concerns we raised during the inspection.

Rating at last inspection and update

The last rating for this service was requires improvement (13 October 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 October May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safe recruitment and governance.

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

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report. We have made a recommendation about assessing and reporting safeguarding concerns after accidents and incidents have been investigated.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Priority Care Home

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

This inspection was completed by an inspector, a medicines inspector, a regulatory officer and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Priority Care Home 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. Priority Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We reviewed information we had received about the service since the last inspection. We contacted Healthwatch for information they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We completed observations of the care provided and staff interaction with people who lived at the service. We spoke with 9 members of staff this included the registered manager, nominated individual, deputy manager, senior care staff, care staff and ancillary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 6 people who lived at the service and 7 relatives about their experience of the care provided.

We reviewed a range of records. This included 6 people's care records and 8 medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider's systems were either not in place or robust enough to demonstrate medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed safely. .
- People who received their medicines hidden in food and drink, also known as covert administration, had been involved in the decision making. However not all medicines prescribed to be given in this way had instructions from a suitable healthcare professional such as a pharmacist about how to safely administer them.
- The time a medicine was administered was not always documented for time sensitive medicines. For example, we could not be assured that the 4 hour time interval between paracetamol containing products had been observed.
- Although the service had a system to record where medicine patches were applied on the body, staff did not rotate the application of a patch in line with the manufacturers recommendations which put people at risk of adverse effects from this medicine.
- For one person we saw that the service had no record from a visiting professional about the required dose of a medicine that had a variable dose and relevant care plans were not in place. We could not be assured that the management of this medicine was safe.

Systems were either not in place or robust enough to demonstrate medicine were safely and effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was receptive to our feedback and took action to address our concerns.

Systems and processes to safeguard people from the risk of abuse

- The provider consistently reviewed accidents and incidents, such as falls. However, records did not always show if such accidents and incidents had been routinely assessed as safeguarding concerns.

We recommend the provider consider current guidance on assessing and reporting safeguarding concerns and take action to update their practice accordingly.

- People and their relatives generally told us they felt safe and were confident concerns would be addressed.
- Staff received safeguarding training and told us they would report any concerns to the management team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to assessing and mitigating risk.

- We saw no evidence to show the provider used initial assessments to create care plans and risk assessments.
- We highlighted concerns about personal emergency evacuation procedures. The provider's systems did not show priority of need in an emergency situation. The provider took immediate action to address this.
- People had care plans and risk assessments in place. They were kept up to date and were reflective of people's individual needs and risks.
- Systems and processes were in place to report and investigate accidents and incidents. There was review of when things went wrong and lessons learnt.
- Health and safety checks were completed to keep the environment and equipment safe.

Staffing and recruitment

At our last inspection the provider did not have effective systems in place to ensure staff were recruited safely. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Processes and procedures were to ensure safe staffing and recruitment at the service.
- There were enough staff to meet people's needs. Feedback from relatives included, "They have enough staff" and "They have more permanent staff now and they have settled right in."
- The service completed appropriate staff recruitment checks, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Some people told us they were not aware they could enter or leave the care home if they wished. The provider took immediate action to address this.
- The registered manager had made applications for people to be legally deprived of their liberty where they felt they required this level of protection to keep them safe.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. We observed staff wearing PPE when serving food and not changing this when taking one person to the toilet.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- The provider supported family and friends to visit people in line with current guidelines.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement At this inspection the rating has changed to 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

At our last inspection the provider had failed to ensure care records were accurate and detailed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People received care and support which reflected their needs. Personalised care plans identified the person's likes, dislikes, what was important to them and how staff should best support them.
- Care plans were reviewed on a regular basis and were updated when needed. This ensured necessary action was recorded and monitored to ensure people's needs were met.
- The management team ensured people's changing needs were communicated, through daily handovers and update meetings.

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.

- The provider understood the requirements of the accessible information standard and could make information available to meet people's communication needs. For example, one person had 'flash cards' to aid communication.
- Care plans detailed people's communication needs. For example, if people required hearing aids or if they communicated in another language. This meant staff had access to information to support people appropriately.

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

- People's social and cultural needs and preferences were documented in their care records.
- People were supported to take part in activities and we saw photographs of recent events that people had participated in.

- People were encouraged to maintain relationships with relatives and friends. One relative told us that they were not restricted in any way from visiting when they wanted aside mealtimes.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and systems to investigate, respond to and learn from complaints received. We saw evidence how past complaints had been used to improve the service. One relative told us. " On the notice board there are various contacts including CQC, I wouldn't have any problems finding out who to contact if I needed to."

End of life care and support

- The provider had an end of life policy and the registered manager told us nobody living at the service was receiving end of life care.
- People were asked about their end of life wishes and this had been recorded in their care plans.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

At our last inspection we found systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At this inspection there were regulatory breaches relating to safe care and treatment. This was the second consecutive inspection the provider had breached the same regulatory requirements. These issues had not been identified or addressed through the provider's own governance systems.
- Audits had failed to identify the inconsistencies we found with the safe administration of medicines. This meant we were not assured the risks to people were being sufficiently monitored and mitigated.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw examples of person-centred care and some people and their relatives told us they liked the home.
- The registered manager generally understood their role and regulatory requirements and was open, transparent and receptive to the feedback we gave during the inspection.
- Staff told us they were clear about their roles and there was some evidence to show supervision had taken place.
- The registered manager understood their responsibility under the duty of candour and was open and honest when accidents and incidents occurred.
- There was evidence to show how lessons learnt were routinely used to improve the quality of the service.

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

- The views of people, relatives, staff and professionals were gathered and reviewed to improve the service.
- The provider had installed an electronic touch screen feedback system in the foyer to enable feedback from people, relatives, professionals and members of the public.

Working in partnership with others

- We saw examples how the provider worked in partnerships with health care professionals to ensure people's health needs were being met.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12 (1) The provider had failed to ensure care and treatment was provided in a safe way for service users. 12 (2)(g) The provider had failed to ensure the proper and safe management of medicines
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1)(a)(b) Systems to ensure compliance with the regulations, and systems to assess monitor and improve the service were not established and operated effectively.