

Country Court Care Homes 3 OpCo Limited

Priory Court Care & Nursing Home

Inspection report

19 Oxford Street
Burnham On Sea
Somerset
TA8 1LG

Tel: 01278768000

Date of inspection visit:
01 March 2022

Date of publication:
16 March 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Priory Court Care and Nursing Home is a residential care home providing personal care to up to 71 people. The service provides support to older people, people with dementia and people with a physical disability. At the time of our inspection, there were 20 people using the service. In response to findings at our previous inspection, the provider had amended their registration and no longer provided nursing care at the time of this inspection.

Priory Court Care and Nursing Home provides accommodation across three floors. At the time of our inspection, the first floor had been closed and people were occupying bedrooms on the ground and second floors. Both floors provide people with access to communal toilets, washing facilities, dining and lounging areas. People have level access to a well-stocked garden from the ground floor. The registered manager's office is located adjacent to the reception area.

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

In response to findings at our last inspection, the nominated individual and operations team had increased provider-level visits to the service. Additionally, the recently appointed registered manager had worked to introduce a programme of quality audits and checks in line with the provider's policies. The service had worked with external professionals to drive improvement and had an action plan to sustain improvements made to date.

At our last inspection, we identified people had not received support in a caring way. At this inspection, we found significant improvements had been made, including staff re-training around dignity. People told us staff were kind to them.

Since our last inspection the registered manager, operations team and staff had worked to make significant improvements. People were no longer at risk of experiencing avoidable harm and abuse. Potential risks were assessed, managed and mitigated. Staff confirmed staffing levels had improved and there were sufficient numbers of staff to meet peoples' needs. We received mixed comments from people about staffing levels.

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 inadequate (published 21 September 2021). 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 improvements had been made and the provider was no longer in breach of regulations.

At our last inspection, we recommended recruitment processes were reviewed and amended to ensure checks were undertaken in line with requirements. At this inspection, we found improvements had been

made to ensure recruitment checks were undertaken consistently.

At our last inspection, we recommended the provider review and amend systems in relation to the application of topical creams. At this inspection, we found enough improvement had been made and topical creams were applied in line with published guidance about best practice.

This service has been in Special Measures since September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

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 changed from inadequate to good based on the findings of this inspection.

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

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Priory Court Care & Nursing 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.

This was a focussed inspection and we checked whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. We had identified concerns in relation to infection prevention and control (IPC), nutrition and hydration and Personal Emergency Evacuation Plans (PEEPS). We further followed-up a condition placed on the Provider's registration in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, regarding concerns identified in relation to oversight of unexplained bruising, nutrition and hydration, and environmental risks.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 undertaken by one Inspector.

Service and service type

Priory Court Care and Nursing 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. Priory Court Care and Nursing 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last 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 reviewed monthly reports and regular updates submitted by the provider since their last inspection. We used all this information to plan our inspection.

During the inspection

We toured the premises and observed lunch time. We spoke with fourteen staff members including senior care staff, care staff, activities coordinator, registered manager, members of the operations team, the nominated individual and the catering manager. We spoke with four people who were receiving care and support in Priory Court Care and Nursing Home. We reviewed various records in relation to the running of the service including audits, checks and recruitment files for three care staff.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to clarify our findings with the provider and registered manager. We spoke with one relative. We provided our contact details for professionals and relatives; however we did not receive any further contact.

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 good. This meant people were safe and protected from avoidable harm.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and to assess the whole key question.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we identified people were at risk of experiencing abuse and degrading treatment. This was a breach of Regulation 13 (Safeguarding) 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 13.

- At our last inspection, we found people were at risk of experiencing avoidable harm and abuse because systems to protect people were not always established and used effectively. At this inspection we found improvements had been made and people were no longer at risk.
- Previously, we found the registered manager was unaware the service's tablet had been used to capture undignified photographs of people. To prevent a recurrence, the tablet is locked in the registered manager's office; photographs are reviewed by the registered manager. At the time of our inspection, there were no photographs on the tablet.
- During our previous inspection, unexplained bruising was not always identified as a potential indicator of abuse. At this inspection, we found no occasions of unexplained bruising. When people had sustained a bruise, staff recorded the cause.
- Staff told us they would report any concerns to the registered manager or senior staff on duty. One staff member said, "If I had seen something I didn't think was correct I would have a conversation. We are here to make residents feel safe and secure; we have to make their lives as enjoyable as possible."
- At this inspection, we found potential safeguarding concerns were investigated and referred to the local safeguarding team when required.

Assessing risk, safety monitoring and management

At our last inspection we identified the service had failed to ensure people were protected from the risk of harm and spread of infection. Additionally, we found risk assessment, management and monitoring was not always effective. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Regulation 12.

- During our last inspection, staff told us that people who were assessed as requiring two staff members for moving and handling, were being supported by one staff member. At this inspection, staff told us people were being supported to move in line with their assessed needs. Comments from staff included, "[We] have more time, so people are always done with two staff if they need to be."
- At our last inspection, we identified people were at increased risk of malnutrition and dehydration due to conflicting guidance and poor recording. At this inspection, we found improvements had been made and people were no longer at risk. The provider has implemented an electronic care planning and recording system, making it easier for staff to access information and record food and fluid intake. Records we reviewed showed people had been supported to eat and drink sufficiently.
- To promote food and fluid intake, the registered manager had recently introduced grazing boxes, drinks and snacks for people to access independently. Comments from people included, "Wonderful food and fruit and lots of cups of tea when we want it." One staff member said, "People are getting plenty to eat and drink. There are new grazing stations so people can get what they want when they want."
- At our last inspection, we identified people were at risk in the event of a fire; personal emergency evacuation plans (PEEPs) did not accurately reflect the level of support people needed to evacuate safely in an emergency. At this inspection we found PEEPS contained accurate information about how people should be supported to evacuate.
- Since our previous inspection, the local Fire Service had completed a fire safety visit and no concerns were identified.
- When required, risk assessments were in place and provided guidance for staff about how they should keep people safe. For example, moving and handling assessments included information about what people could do independently and the level of help required from staff.

Staffing and recruitment

At our last inspection we identified the service had failed to ensure enough suitably qualified, experienced and supervised staff were deployed to meet peoples' needs. This was a breach of Regulation 18 (Staffing) 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 18.

- At this inspection we found improvements had been made, and there were sufficient numbers of staff to meet peoples' needs.
- At our last inspection, we identified the tool used to calculate staffing levels, did not consider how the layout of the premises impacted staffing. At this inspection we found the layout of the service had changed; one floor was closed, and various corridors were no longer in use. This meant peoples' bedrooms were closer together and more accessible to staff.
- Staff told us they had enough time to support people in line with their assessed needs and without rushing. Comments from staff included, "We are comfortably staffed. If we do get stuck [registered manager's name] comes and helps us" and, "It is better as we are not struggling for staff anymore, we have enough time for the residents, to do the personal care and have a chat with them; it's not a rush anymore."
- We received mixed comments from people about staffing levels. Comments included, "Staff are very good. There are not really enough staff, better than it was; we used to have to wait so long to go to the toilet. Sometimes the bell is delayed being answered" and, "I find I don't have long to wait. If I press my bell they

[staff] come fairly quickly."

- At our last inspection, we identified that staff had not always received supervision sessions in line with the provider's policy. At this inspection, files we reviewed showed staff were receiving regular supervision sessions.
- The registered manager told us they had worked hard to improve staffing levels, including welcoming ex-employees back to the service and no longer relying on agency staff; the service had only one staff vacancy at the time of our inspection.
- Staff told us they received training relevant to the people they supported, for example diabetes training, and moving and handling training. At the time of our inspection, the completion rate for training across all staff was 100%.

At our last inspection, we recommended the provider review their recruitment processes, and make amendments to ensure checks were completed in line with regulatory requirements. At this inspection we found improvements had been made, and were ongoing. For example, a document had been introduced requiring applicants and current employees to provide full details of their employment history and any gaps. At the time of this inspection, the provider was in the process of moving paper-based recruitment files to electronic storage. This meant recruitment information was more easily accessible and organised.

Using medicines safely

- Medicines were stored and managed safely.
- Peoples' medicines records included detailed guidance about their needs and preferences. There were protocols for 'as required' medicines and when people wished to, assessments were undertaken so they could manage their medicines independently.
- Medicines were stored in line with directions. For example, medicines requiring refrigeration were stored in a locked medicines fridge in the medicines room. Regular staff checks ensured the fridge temperature, and medicines room, remained within safe temperature ranges.
- The registered manager and operations team had recently introduced 'prompt cards'. The cards included guidance and information to support staff with safely administering topical creams and medicines.

At our last inspection, we recommended the provider review and amend systems in relation to the application of topical creams. At this inspection, we found enough improvement had been made and topical creams were applied in line with published guidance about best practice. For example, sufficiently detailed guidance was available for staff about where and how topical creams should be applied.

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.
- The registered manager had offered loved ones the opportunity to become Essential Care Givers, so they were able to visit people in all circumstances.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The organisation learned lessons when things went wrong.
- Since our last inspection, the provider had shared lessons learned with other services in the organisation. For example, reflecting how undignified photographs had been taken and working to prevent a recurrence.
- In response to concerns identified during the last inspection, the provider had created and implemented a 'recruitment checklist' document across all services within the organisation. The checklist was designed to ensure recruitment practices were consistently undertaken in line with requirements.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

At our last inspection we identified people's privacy and dignity was not always maintained and people were not always asked to express their views. These failures were a breach of Regulation 10 (Dignity and respect) 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 10

- At our last inspection we identified people's privacy and dignity was not respected; we found undignified photographs of people on the service's tablet. At this inspection, we found the provider had taken corrective actions; investigating and deleting all undignified photographs, taking disciplinary action as required, and re-training staff about how to take photographs in a dignified way.
- Since our last inspection, all staff had received training in relation to dignity. The registered manager undertook routine observations to ensure people's dignity, privacy and preferences were respected.
- At our last inspection, we identified staff were using the 'residents' garden' as a smoking area. At this inspection, we found staff were required to smoke in an area away from people. One staff member confirmed, "[There is a] designated smoking area away from residents."
- During our last inspection, we found one person had slept in bloodied sheets overnight. At this inspection, bedding we saw looked clean.
- People told us they received support from staff who were caring. Comments from people included, "The helpers [staff] are very good" and, "The staff are very good; if I want something done they do it." One relative said, "We walked in one day and heard hilarious bursts of laughter from the staff and people, it was a real belly laugh. They didn't know we were there."
- Staff spoke about people in caring terms. Comments from staff included, "It's about them [people] and what they want" and, "We are caring, and we give people what they want. We are in their home; we are coming into their home every day."

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 inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The purpose of this inspection was to check if the provider had met the requirements of the condition we placed on their registration and to assess the whole key question.

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

At our last inspection we identified that quality checks and audits were not used effectively to identify the concerns, errors and omissions we had found during our inspection. Additionally, we identified that feedback was not always managed in ways that improved care provision. These failures were a breach of Regulation 17 (Good Governance) 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.

- The previous registered manager had been responsible for overseeing two of the provider's services. The operations team identified this had contributed to shortfalls identified at our previous inspection. In response to this, a registered manager was appointed with sole responsibility of Priory Court Care and Nursing Home. The operations team said an existing employee had assumed the role, ensuring they were familiar with the provider's required standards, policies and processes.
- At our last inspection, we found audits and checks had not always been used effectively to identify errors, omissions and concerns. At this inspection, we found improvements had been made; a programme of quality audits and checks were used effectively, identifying areas for improvement and maintaining improvements made to date.
- At our last inspection, the provider had failed to identify there was insufficient oversight of safeguarding. At this inspection, we found improvements had been made; the registered manager maintained oversight of safeguarding, ensuring potential safeguarding concerns were given an appropriate level of scrutiny.
- During our last inspection, we observed that peoples' medicines administration records were not stored securely and were accessible to unauthorised people, visitors and staff. At this inspection, we found confidential information was not accessible and was stored securely.
- The registered manager ensured statutory notifications were submitted in line with requirements. Statutory notifications are important as they help us to monitor the services we regulate.

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

outcomes for people

- People experienced good outcomes through the delivery of person-centred care.
- At our previous inspection, we identified people did not always receive person-centred care due to insufficient staffing levels. At this inspection, staff we spoke with told us they had enough time to provide care in a person-centred way. For example, the activities coordinator told us they had time to support people with meaningful activities, such as visiting previous addresses and sharing memories about them.
- Staff we spoke with said there was a team identity and they felt well-supported by the registered manager. Comments from staff included, "A lot has changed; there is a better atmosphere. The team seems stronger" and, "[It] is nice to have a manager that supports us."

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

- At our last inspection, we identified the service had not always responded to peoples' feedback. Since our last inspection, improvements had been made and peoples' feedback was acted upon. For example, setting up a 'resident committee' so people were able to make decisions collectively. Most recently, the committee had voted to decorate the communal lounge in the colour green; during our inspection, we observed green walls.
- During our last inspection, we identified staff feedback had not always been responded to and staff morale was low. At this inspection, staff told us they felt listened to. Comments from staff included, "The atmosphere is totally different, the residents are happier", "[Registered manager's name] has meetings with us; flash meetings every day. [Registered manager] always listens to us" and, "The [registered] manager... listens. The morale is so much higher."
- The registered manager had recently undertaken surveys with people and their relatives. The provider operated a 'you said, we did' programme so people knew what actions were taken in response to their comments.

Continuous learning and improving care

- The operations team and registered manager had implemented an action plan to prevent the quality of care provision deteriorating in the future. Measures included limiting the number of people receiving care to below those set out in their registration, and permanently increasing the frequency of quality assurance visits from the operations team. Additionally, the provider had reviewed and amended their registration to remove nursing care. This meant at the time of our inspection, the service no longer offered nursing care. The provider told us the layout of the premises had negatively impacted nursing care provision and people receiving care were now more independently mobile and able.
- The registered manager had undertaken a 'reflective practice' exercise; this helped them to understand the progress made and their ambitions for the future.
- The registered manager was proud the service had not received any formal complaints in the five months prior to this inspection. When complaints were received, they had been investigated and responded to promptly.

Working in partnership with others

- The service was working in partnership with external organisations and stakeholders.
- The registered manager was proud to have worked with a team from the local authority and received training, so they were competent to write peoples' treatment escalation plans (TEPs). A TEP is a detailed plan that is implemented in response to peoples' changing needs. The registered manager said, "The residents are comfortable with us and we know them. We were able to talk to relatives as well; we didn't have to rush them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and operations team were aware of their responsibility to be open and honest when things went wrong.