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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?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

On the 29 January 2018, we carried out an unannounced inspection at Priory Lodge Residential Home. We returned to the service on the 12 March 2018 to carry out additional checks of the Well Led domain and meet to discuss concerns with the provider and registered manager.

During an unannounced inspection in November 2016, we found breaches in Regulation 11, 12, 17 and 18 of the Health and Social Care Act 2008. The provider submitted an action plan to demonstrate how they would improve these areas of concern and during this recent inspection; we found that some improvements had been made.

However, the service was found to be in breach of Regulation 7, 9, 12, 13, 15 with a continued breach in Regulation 17. In addition, the service was also in breach of Regulation 18 of the Registrations Act 2009 for none reporting of other incidents to the commission.

Priory lodge residential care home 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, both of which we looked at during this inspection.

The care home accommodates up to 19 people in one building who are adults of working age and over 65, living with a variety of long-standing mental health problems. At the time of inspection, 17 people were living at Priory lodge.

At the time of inspection a registered manager was in place at the service, however we had concerns about the fitness to practice of this manager. Further meetings demonstrated that the registered manager lacked the competency and skills to ensure that the service was managed in line with the Health and Social Care Act, 2008. This is a breach of regulation 7 of the Health and Social Care Act, 2008, Registered manager requirements.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Whilst we found that the service had improved in areas of concern previously found, we found the service required improvements in additional areas under each domain and the rating for the well-led domain was inadequate. The registered persons were not aware of their responsibilities to report safeguarding concerns to the relevant stakeholder, including the commission. This was a breach in regulation 18 of the registrations act, 2008.

The registered manager did not carry out robust investigations into incidents and accidents. They did not use information available to them to assess for and mitigate identified risks to people. This meant people

were at risk of abuse and improper treatment. This was a breach in regulation 13 of the Health and Social Care Act.

There were insufficient infection control practices in place to safeguard people from risk of infection. When recommendations had been made by external companies, they were not always acted on. This was a breach in regulation 15 of the Health and Social Care Act.

During the inspection in November 2016, we found that the management of medicines needed improvement. We found that in this area there had been improvements and that medicines were managed safely and in line with best practice guidance.

Staff had previously not always been inducted in a safe way. We found that the HR/ Training manager had made significant improvements in this area.

The HR/ Training manager ensured that all new staff received a thorough induction, mandatory training, regular training updates and additional training to support them to meet people's changing health needs. Staff were supported to undertake outside learning and given regular supervision.

Nutritional and fluid needs of people were met, and a choice of food was available. Where people needed additional support from other professionals, it was gained. However, care staff did not use any assessment tools to support them to identify when people were at risk of malnutrition, even for those with identified risk. Consequently, we could not be confident these needs would always be identified in a timely way. Previously identified at our last inspection of the service, this area of care continued to require improvement.

Care staff were caring and knew people living at the service very well. In times when people became distressed, staff acted in a compassionate and dignified way to support them. People's confidential information was kept securely.

Staff felt cared for by the management team. The HR / training manager supported staff who wanted to access outside opportunities for learning and development.

Whilst care plans had improved, there was not always enough information to support staff to meet people's identified needs in a person-centred way. People at the service were not given sufficient opportunities to engage with the wider local community, or to promote their own independence. This was contrary to the provider's statement of purpose and best practice and was a breach in regulation 9, of the Health and Social Care Act.

The service did not provide people with rooms that they could lock which was contradictory to the provider's statement of purpose, and had previously been highlighted during the last inspection report.

Whilst improvements had been made following the previous inspection, we continued to find concerns around safeguarding people, the lack of robust governance in place, planning for the future of the service. Poor governance systems in place was a breach in Regulation 17 of The Health and Social Care Act, 2008.

Consequently, whilst we found areas of good practice and improvement, there was a lack of sufficient governance and oversight of the service from the registered manager and registered provider. They did not identify challenges to the service, changes in practice and legislation, nor did they provide the service outlined in their statement of purpose. The general lack of understanding of the registered manager regarding their own legal responsibilities and best practice for supporting people living with mental health

difficulties, has resulted in a breach of regulation 7, of the health and social care act. This has resulted in an inadequate rating within the well led domain.

Where a service has been rated as inadequate within a domain, we aim to return to the service within six months of publication to ensure that they have taken the appropriate steps to make the necessary improvements.

However, we have noted the improvements made and maintained by the HR/ Training manager and dedicated care staff.

You can see what actions we took at the end of the report.

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 registered manager did not respond appropriately to safeguard people from identified risks following incidents and accidents.

The registered manager did not understand their responsibilities to notify the commission of reportable safeguarding incidents.

The registered people did not have robust systems in place to ensure the safe maintenance and upkeep of the home, or act upon recommendations from others carrying out maintenance work.

Care staff had a good understanding of what constitutes abuse and reported concerns through the line of delegation.

Medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People had a choice of food daily.

Health care profession advice was sort when people were at risk of poor nutrition and dehydration. However, staff did not use any recognised tools to identify nutritional concerns, to alert them to risk.

Staff received thorough induction and on-going training and supervision from the HR/ training manager.

Staff had a good understanding of the Mental Capacity Act, however the registered managers understanding was poor.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People told us staff were caring and treated them with dignity and respect at all times, however the environment did not always

Requires Improvement ●

promote people's dignity.

Care staff were compassionate and supportive to people, particular when people presented in a distressed state, reducing the use of medication to reduce agitation.

Information about people was kept confidentially and securely. However, people did not have access to locks on their bedroom doors, which was contrary to the provider's statement of purpose.

Is the service responsive?

Care plans had improved, but did not explore how to promote people's independence in everyday activities and access to other areas of the community.

The service had not reviewed end of life care planning to ensure it met all needs identified in best practice guidance.

Requires Improvement



Is the service well-led?

The service was not always well led

The registered manager had a poor understanding of their role and responsibilities under the HSCA 2008 on all three visit occasions.

Governance systems in place were not robust, did not use information from incidents and accidents to identify improvements needed to the service.

The provider did not have any action plan in place to continue to monitor, maintain, and update the service

The registered people did not keep themselves up to date with best practice guidance and safety alerts.

Inadequate



Priory Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before we commenced the inspection, we reviewed all the information that we held about the service, including the providers PIR. This is a provider's information return report that providers are required to send to the commission on a regular basis, which informs us about the service.

We requested information from other stakeholders about whether they had any concerns. We also spoke with registrations colleagues working for the commission who alerted us to concerns about the registered manager's fitness to practice.

At the time of inspection, the provider was in breach of the Health and Social Act, 2008. Whilst some of the breaches from November 2016 were no longer evident during this inspection, we did find further breaches in regulation. These are discussed throughout the report and summarised in the summary section.

This inspection took place on the 29 January 2018 and was unannounced. The inspection team consisted of two inspectors, both of whom inspected the service in November 2016. During this inspection, we had concerns about the registered manager's competency.

Following the inspection, the lead inspector accompanied registration colleagues to conduct an announced fit and proper person's interview for the registered manager. This interview confirmed some of the concerns about the registered manager's ability to safely manage a service.

The lead inspector and inspection manager met with the provider and registered manager on the 12 March 2018 to discuss the registered person's competency and how improvements would be made to the service. This is discussed in more detail in the well-led domain.

During the inspection inspectors spoke with three members of care staff, the registered manager, the HR /

Training manager, and the cook.

We also spoke to a visiting professional and to six people living at the service about their everyday experiences, and carried out observations between people and staff working at the service. This included activities provided and the quality of everyday life. We reviewed resident and staff meeting minutes to gain an understanding of what people and staff wanted from the service.

We reviewed six people's care plans, risk assessments, and people's daily notes to support our understanding of the care they received.

To understand the running of the home we reviewed operational policies and procedures to determine if these were in date and followed by staff. This included a review of the quality audits undertaken by the registered manager, such as medicine management, care plan and falls audits and how the registered people used this information to drive improvements. We looked at incident and accident records to ensure that these were being used to identify and manage safety risks and support on-going learning.

We reviewed five members of staff personal files to ensure that they had been safely recruited and inducted to the service. This included looking at all the mandatory and additional training provided to staff to equip them with the skills to care for people at the service and on-going supervision.

Is the service safe?

Our findings

In November 2016 we found that the service required improvement in the safe domain and had breached the Health and Social Care Act (HSCA) 2008; under Regulation 12; safe care and treatment, and Regulation 18, staffing.

During this inspection, we found that the service had made some improvements in supporting people to be safe at the service we found concerns about the registered provider and manager not taking appropriate actions to safeguard people from abuse and improper treatment and infection control practices were poor.

Whilst care staff we spoke to had a good verbal understanding of concerns that might constitute abuse, the registered manager did not. They did not investigate incidents, accidents, and safeguarding concerns in line with their duties under the Health and Social Care Act 2008. We saw an incident record where a person had alleged serious assault. We spoke with the registered manager about this and whilst they had informed the police, they had not notified the local safeguarding authority or the Commission. They had not carried out a proper investigation or put in place any immediate measures to ensure the safety of the person or others. We requested the registered manager send to us a copy of their investigation at the time of the incident. However, the information received was completed some months following the alleged incident. It was not thorough and did not identify how to safeguard the person.

Another example included where a person had made allegations of abuse against staff, which had not been reported to the local authority or Commission and had not been thoroughly investigated. Consequently, the registered manager did not demonstrate they were able to follow robust systems to safeguard people from abuse.

In a separate interview with the registered manager on the following day, 30 January 2018, they informed us they would only notify the relevant agencies of allegations of abuse by people using services once they had concluded their own investigation and only if they had found concerns. They gave an example that if one person alleged abuse against staff and there was no evidence, they would record in that person's care plan they were a risk of making allegations towards staff. This does not protect people from abuse and could potentially result in that individual becoming more vulnerable as they may not be taken seriously should they express concerns again and is not in line with the Local Authority's safeguarding protocols.

In spite of care staffs good knowledge of safeguarding and up to date training, the lack of knowledge and understanding from the registered manager meant that systems and practices in place at the service did not safeguard people from abuse. This is also explored further within the well-led domain.

The registered manager did not investigate incidents and accidents thoroughly. We saw evidence from an incident sheet that a person living at the service had injured themselves climbing on a ladder in the garden some six months before the inspection. The person had decided to use the ladder and hurt their leg. At the time of inspection, the ladder remained in the garden laying on the ground. It had not been safely secured or removed. We spoke to the registered manager about this and they did not understand why this presented a

risk to people. They informed us they had informed the registered provider of the incident months before, but the registered provider had not removed the ladder. They were not aware of their own responsibility as a registered person to ensure that when hazards were identified they should be immediately removed to mitigate further risk to people. Consequently, people remained at potential risk of injury.

Care staff completed charts to document a person's distressed and agitated people. These were comprehensively completed and care records demonstrated that care staff had acted appropriate in managing these incidents. However, on two occasions it was documented that a person had become presented as a risk to staff and people living at the home. Care staff did not complete incident forms on these occasions. Incident forms can highlight to registered persons the risks that people and staff living at the service may experience. They can be analysed to identify trends so that action can be taken to safeguard people. Where people had been exposed to abuse, the service had not made appropriate referrals to the local authority safeguarding department in line with their duty of care to people at service.

This is a breach in regulation 13 of the Health and Social Care Act, 2008; 2014, Safeguarding service users from abuse and improper treatment.

One person who was at risk of skin breakdown had not had formal assessments of this need, such as recognised tools to assess the risk based on their weight and skin condition. The person had experienced a grade 2 pressure sore. In discussing this with the registered manager, they told us that no one at the service had experienced pressure sores. The HR manager informed us that this was not the case although care staff effectively and quickly managed people's needs with the help of district nursing staff, accessing appropriate pressure relieving equipment and putting into place and body maps to document progress of treatment.

Staff did not use tools to identify risk of pressure sores for people with needs that could indicate high risk. The registered manager had not considered what systems would be needed to continue to assess, monitor, and support people living long-term at the service as they aged and their mobility deteriorated. We found similar concerns in the previous inspection where we identified a person at risk of skin breakdown who had previously had a pressure sore but we found no skin integrity risk assessment or detailed guidance in place for staff.

We observed that furnishings were old and worn. Chairs in lounge areas were not clean, for example, arms of chairs were dirty and uncared for. One person had a very dirty chair in their room. We spoke to the registered manager about this but they informed us that the person did not want their chair cleaned. They had not documented this conversation and as other chairs were in a similar condition, we could not be certain that this was the case.

One member of cleaning staff was employed part time over four days of the week. At other times, care staff took over the cleaning duties within the service. The cleaner had had frequent periods of absence and the registered manager had not ensured proper oversight of the environment to ensure it remained clean and tidy. We observed that light fittings, skirting rails, banisters, and door handles were very dirty. These areas have high amounts of contact with people living in the building. This did not promote good infection control.

Cleaning rotas were in place however; these were not audited appropriately to identify shortfalls. In all toilet areas, toilet brushes were heavily soiled with faeces' which was clearly visible. These were also old and worn. There were no systems in place to ensure that equipment was regularly checked and disposed of when in this state. These were immediately replaced following the inspection.

Staff had not placed cleaning mops and buckets away safely. We saw that whilst buckets and mops were

appropriately coloured coordinated to identify which areas they were to be used in; they were not kept separately and securely. Staff had left them outside the kitchen door with the wet mops for different areas touching each other and touching the patio. They were grey and dirty. The registered manager told us that the cleaner had done this the day before. This meant they had been outside all night. Mop heads were also old, grey, and used multiple times, rather than disposed of or washed in line with infection control best practice.

We raised this concern with the registered manager and they told us they had taken action to ensure that cleaning equipment was safely stored in line with good infection control practices. However, on return to the service on the 12 March 2018, we found that whilst the mops were not touching the dirty patio area, they remained attached to the wall outside. The mop used for contaminated areas was touching the mop used for communal areas. In addition, they remained grey and dirty. The registered manager told us the mop heads would be disposed of once a week; however, there was no system in place to ensure this happened. They had not considered mop heads that could be washed daily.

Some people at the service required the use of commodes or bottles to empty urinary catheters. However, there was no separate room for waste to be disposed of and cleaned. We saw that bedpans were kept in the communal downstairs bathroom. The registered manager told us that commodes were cleaned in the communal toilets. This is not in line with best practice and infection control guidelines for reusable equipment such as commodes and reusable urinal bottles. On the 12 March 2018, we explored this further and found care staff rinsing commode pots out in the toilet in a communal bathroom and using the toilet brush. Staff used the sink in the washroom to try to sterilise and wash the pots. This is not in line with infection control best practice. There had been no consideration for cross contamination and risk of infection.

The washroom where dirty laundry was cleaned was disorganised. This was not adherent to good infection control and again there was the risk of cross contamination. Following these concerns, we sent the registered provider and registered manager information about infection control best practice, and asked them to submit an action plan of improvements they would make.

This is a breach in regulation 12 of the Health and Social Care Act, 2008; Safe care and treatment 2014.

At the time of the inspection, the registered manager could not locate the safety checks on moving and handling equipment and the passenger lift. These are called LOLER checks. However, following the inspection these were forwarded to the Commission. These checks were not always completed within agreed time scales, and the registered manager had not completed comprehensive actions plans to continue to monitor and maintain equipment when deficits had been identified.

For example, some people living at the home required support with bathing. This involved staff sitting them on a bath chair that had to be manually wound to place the person in the bath. The safety check carried out in July 2017 recommended that a belt be attached to the chair to safely support people. The registered manager completed a basic action plan stating that the people did not need a belt on the chair because staff would be with them at all times. This is contrary to safety guidance and safety alerts from the Department of Health (DoH) on the use of bath chairs and belts. Following review of this information, we sent the registered manager the guidance and safety alerts and requested they took appropriate action. On the 12 March 2018, the registered manager confirmed a new bath chair had been ordered with a safety belt.

On the 29 January 2018, we informed the registered manager of a sharp, broken, and rusty metal washing line pipe sticking out of the grass in the garden, with a bucket over the top of it. This could present as a hazard to people who wished to access the garden. On the 12 March 2018, we found this had been removed,

however no lessons had been learnt about checking the environment was safe. On this visit, we found broken shards of glass lying on the ground. We also observed a large bag of rotting potatoes left in the garden. The registered manager told us they thought the registered provider had wanted them there to plant, however they were mouldy. They had not considered the potential risk posed, for example, encourage, and entice vermin into the garden and premises. They immediately removed these hazards on request from the Commission.

Concerns about the storage of oxygen were highlighted. Three filled oxygen bottles were placed in a person's bedroom. They were not tied to the wall and stored safely in line with best practice for storing oxygen cylinders. The registered manager told us they had discussed storage arrangements with the oxygen supplier; however, there was no action. They had not reviewed best practice guidance or considered other safer alternatives. Oxygen bottles were also next to a plug socket adaptor. These are unearthed and could present a potential hazard of fire. The person also smoked, and whilst the registered manager and staff informed us they did not smoke in their bedroom, risk assessments around this issue were poor, particularly as the person had access to a lighter and cigarettes at all times. We alerted the registered manager to these concerns and found on the 12 March 2018 they had taken action to remove the oxygen as they stated the person did not use it anymore.

During the last inspection in November 2016, we had concerns about the safety of some of the furnishings at the home where wardrobes, which were old and unsteady, were not maintained, or attached to the wall. This presented a risk of falling onto people who might access these rooms. On the 29 January 2018, we saw that apart from one wardrobe, all wardrobes had been secured and on return on the 12 of March 2018, the last wardrobe had been stored in an empty room. In addition, hazardous substances were not locked away. Access to these substances could pose a risk of poisoning if a person drunk them.

On the 12 March 2018, we found that in a downstairs bathroom, red wire had been tied to the light pull in the downstairs bathroom. It had no pulley handle. We spoke to the registered manager who told us they thought staff had tied it there in an effort to manage infection risk. However, it was inappropriate to use a wire like this for a bathroom pulley. This improperly mending and use of fixtures and fitting's was demonstrated a lack of care and attention for people living at the service.

This is a breach in regulation 15 of the Health and Social Care Act, 2008; 2014, Premises and Equipment.

During the previous inspection in November 2016, we found that the service was not ensuring that all the necessary safety checks had been undertaken on new staff coming into the service. However, on this occasion we saw that the HR and training manager had streamlined these processes so that information about staff was checked and accessible. We looked at six staff records. They were able to demonstrate that they had followed guidance on safe employment checks, and staff had not begun to work at the location before they had received two references, and appropriate background checks.

Although we did find that one person's employment gaps had not been verified and they had been transitional in their movements around the country. The service had not taken evidence of their fixed abode as the person was staying with a family member. The HR manager told us this had been a unique scenario. This information is important so that the registered provider can be assured that people working at the service are fit to practice. However, an enhanced criminal background check had shown that the person had no restrictions to work with vulnerable adults.

Staff assessed risks to people which were tailored to each individual needs. For example, a person with multiple health conditions had risk assessments and interventions to support each risk. Such as risk of

choking, falls risk, and involvement with external agencies to support staff to mitigate these risks.

The service had sufficient numbers of staff to meet people's needs. This was primarily because a number of people living at Priory Lodge Care Home remained independent with personal care tasks.

During the previous inspection, we had concerns about staff's knowledge and lack of robust care plan interventions to support people with who experienced distress and agitation. This had improved and we found that staff were suitably experienced. Staff we spoke to with were able to tell us when they had supported very distressed people, and people who presented with behaviours that challenge. Interventions used in these scenarios were appropriate and kept people safe from harm to self and others.

Medicines were managed safely at the service by staff that had been well trained and regularly observed to ensure that they were skilled in this area. Medicines were stored and recorded in line with best practice guidance.

During the last inspection in November 2016, there were no systems in place for the management of as required medications (PRN) and applications of topical creams. This had significantly improved at this inspection. Care staff appropriately used PRN medicines, such as providing pain relief and other medicines to support people when feeling anxious or agitated. They gave us examples of when people had become distressed and how they had managed this. This information, evidence for people's daily entries and medicine administration records demonstrated that PRN sedation medication was only used as a last resort when staff had attempted all other methods of supporting the person. This was in accordance the provider's medicine policy and procedures, best practice guidance and individuals PRN protocols. These protocols specifically gave instructions for each person who had been prescribed PRN medications in line with best practice.

Is the service effective?

Our findings

This domain remains requires improvement. Whilst some areas of concern had improved, others remained.

The provider did not engage with people at the service in the adaptation, design, and decoration of the home. The home itself looked tired and in need of updating. We did observe that windows had recently been updated too double-glazing with appropriate window locks to keep people safe. The registered manager told us that this had taken up the entire yearly refurbishing budget. However, they were unable to produce an on-going action plan to make improvements to the home and told us there was not one. When we returned on the 12 March, the registered people told us they had started to write a list of what they needed to do but had not yet completed a comprehensive improvement plan.

Furniture was old and worn, armchair arms stained and dirty. Towels were frayed, not everyone had their own in line with best practice. One regular sized washing machine serviced all people living at the home and each person was allocated only one day a week to do their washing. We saw in one person's bedroom two full washing baskets. One person told us, "I don't have many clothes, so it's hard." The registered manager told us that people could wash their clothes more than once a week; however, we could not be assured that this was practically possible. Following raising these concerns, the provider purchased a second washing machine.

Resident meetings were occasionally held but questions were not asked about whether people's surroundings could be improved.

The service had not cared for people living with dementia until recently. The HR/ Training manager had insured that all staff received some training in dementia care to support the person. We observed that although the person had become regularly unsettled and distressed during a period of time, interactions between staff and the person were good, and staff were patient and understanding.

However, the registered people had not reviewed the environment to ensure that it was appropriate for a person with dementia. The registered manager told us that this had nothing to do with them and it was the HR/ Training manager who had admitted the person without reviewing the environment. They had not considered their responsibility to carry out such checks.

We recommended to the registered persons review the environment to ensure that it is appropriate for the long-term care and treatment for people with dementia and have signposted them to current best practice guidance.

The human resources (HR) manager ensured that all new members of staff undertook a comprehensive induction to the service. Whilst they did not follow the recommended Care Certificate, a transferable recognised induction for care staff, they did follow a similar induction programme that covered all the mandatory standards of the care certificate. Training was provided via videos, e-learning, workbooks and group sessions and staff told us that it had helped them to be equip with the necessary skills.

The HR manager kept a record of training that staff had completed and ensured that mandatory training was updated regularly. As a train the trainer, a qualification given to people who have been trained to deliver training, we saw that the HR manager had kept their own training updated and that the provider had supported them to do this.

A number of care staff at the service were taking higher-level qualifications in their own time, and brought these skills to support people they worked with at the service. The HR manager had worked hard to improve on in house training offered to care staff and supported staff with time to learn and develop. This included accessing specialist training to support people's challenging needs. Such as training in diabetes management and support of people with Parkinson's and dementia.

The provider also afforded staff the opportunity to undertake national vocational qualifications in care in level two and three. This was in line with their own policies to ensure that staff had been trained to a good level. We spoke to staff who were undertaking these qualifications who told us they felt supported to do this alongside their work.

The HR manager undertook regular supervisions with staff, and we saw that when issues had been identified about standards of care the HR manager had addressed these appropriately and when necessary additional training was given.

Inspectors observed a lunchtime, which seemed sociable and relaxed. Staff chatted with people and took time to ensure they were happy with their meal. People told us they enjoyed the food at the service and were able to choose what they ate. "The food is nice and I get to choose," "Food here is very good"; Food varies but the best cook is on today."

People had a choice of what to eat at every mealtime, and food was cooked from fresh ingredients. If people did not like either option offered they were supported to choose something they would like to eat. In addition, people were able to purchase their own food and snacks and store these safely. Food preferences were recorded on individual care plans. For example one person's care plan stated, "I like kippers, jacket potatoes and desserts, but I do not like tuna," care plans also stated where people preferred to eat their meals.

Hot and cold drinks were available and accessible at all times and people could access the kitchen to make themselves hot drinks. The caterer on the day of inspection told us, "The only time I don't allow someone in the kitchen is when I am cooking and there are lots of hot pans around, but they can ask and I am always happy to make them a hot drink during these times."

We saw that correct procedures were in place to monitor and store food. For example, open food was covered and dated and fridge temperatures taken daily so if there were problems this could be acted on quickly.

Some people had been identified as struggling to swallow. We found that appropriate referrals had been made to dieticians, Speech, and Language therapists. The outcome of these assessments was recorded in people's care plans and staff knew how to support people with these needs.

Care staff maintained good relationships with other health care professionals involved in the care and treatment of people living at the service. This included contact with people's community psychiatric nurses, social workers, GP's, and specialist practitioners who supported people with a variety of physical health needs. Appointments were organised, and where needed staff would escort people to these if they were unable to attend alone. Any actions were updated into care plans that were easily accessible to staff to read.

As discussed within the safe domain, there was no area to clean commodes and reusable equipment that needed sterilising. Also discussed was the lack of storage space to safely store oxygen bottles. Broken furniture was not removed in a timely way from the garden area. Incident reports referred to a person who had been admitted to the home with dementia, who on occasion would climb the stairs and had fallen. The home had not considered looking at the environment to see if adaptations were needed to support this person, such as dementia friendly signage. The service had not evolved and adapted to meet the aging population of the home.

We recommend that the provider carry out a review of the home environment, people's needs and preferences and develop an action plan for the on-going maintenance, upkeep and adaptations needed to meet people's aging and changing needs in line with best practice.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At our last inspection in September 2016, we found the service was not always effectively applied the principles of MCA. At this inspection we found some improvements and most people who lacked capacity had decisions made on their behalf following the principles of the MCA. We found that people's ability to make specific decisions had been assessed and where they were found to lack capacity best interests decisions had been made. For example, one person had bedrails in place and a mental capacity assessment and a best interest decision had been made. However, we saw where a person had recently been admitted and changes had been made to the location of their room and the introduction of a sensor mat. Whilst these decisions had been made to reduce the person's risks of falling, we did not find any evidence that an assessment of their capacity related to this decision-making had been completed in order to ensure the principles of the MCA had been followed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that they were.

However, in a separate meeting with the registered manager, they themselves were less clear on the principles of MCA, lacking a general understanding of what this meant regarding their own responsibilities as a registered manager in making notifications to the commission. This is further discussed in the well-led domain.

Is the service caring?

Our findings

During our last inspection in November 2016, we rated this domain as requires improvement.

Whilst we found that staff were caring, the poor processes in place to safeguard people and promote people's independence as discussed in the safe and responsive domains, meant that the caring over all continues to require improvement.

Incontinence sheets were placed on every chair and sofa in the communal lounge. We asked the manager the reason for this and they told us they thought it made it more comfortable for people, but also to protect the chairs as a person was known to be incontinent and would move from chair to chair. They told us, "Staff check the chairs regularly." The registered manager had not considered the impact on people's dignity of having to sit on a incontinence sheet, the potential cross infection risk. This was not person centred care.

Since the inspection in November 2016, we found that the service had been carrying out regular meetings with people living at the home. These happened every one or two months and issues discussed were around meals and activities.

However, it was not clear who made decisions about activities, as people were not provided with options, as they might not know what was available. In one meeting records stated "Residents were asked if they wishes any sort of new activities and they were informed that the manager had booked and activity entertainment to play piano music and singing as well." Whilst well meaning, this had not previously been discussed with people in regards to their individual likes and preferences.

Staff showed people kindness and they were patient in their approach. Interactions between the staff and people who used the service were positive and relaxed. Prior to offering care and support staff explained what they were about to do and they gave people time to respond.

People told us, "It is very friendly here and staff are good, they try to help me. It is a very good place."; "It is alright, most of the staff are okay but I come and go as I please here," "Staff are kind, I help out here, I tidy the garden and unload the shopping. We had a good Christmas here." One member of staff told us, "We talk to people all the time here, you can relate to people and it feels as though we are making a difference."

Staff had a good understanding of how to support people in a way that promoted their dignity and privacy. "Everyone is different, [named person] does not like to tell staff when they are having a bath, but now we have a good relationship so they now let me know."

There was a shared room at the service and we discussed this with staff that were able to tell us how they supported the people's privacy and dignity in this insistence. They told us the two people liked to room together for a number of years and were happy to step outside the room if the other needed personal care. Staff told us they also had a screen available to use during the night.

The provider operated a computerised system for recording information about people, which was kept in

the manager's downstairs office. This room was locked when empty to protect people's confidential information.

In our last inspection in November 2016, we found that there were no locks for people to use on their bedroom doors. We highlighted this to the provider within the report; however, no action had been taken. One person at the service told us, "Staff do knock but I would like a lock, some people come in they do apologise but a lock would help." The provider's statement of purpose stated that they would protect people's privacy by, "Providing locks on client's storage space, bedrooms, and other rooms in which residents need at times to be interrupted."

Is the service responsive?

Our findings

This domain remains rated as requires improvement. Whilst some areas had improved, the service was not meeting the aims of objectives set out by the provider to support person centred care.

Not enough support was given to people to promote independence and achieve their potential. This was contrary to the provider's statement of purpose that stated they would "Maximising the abilities our clients retain for self-care, for independent interaction with others, and for carrying out the tasks of daily living unaided." For example, people living at the home were not supported to learn to cook for themselves. One person told us that they were 'not allowed' to cook but could use the microwave. We asked catering staff who told us that people were not allowed to cook for themselves and did not help with shopping or menu planning.

The registered manager stated that people that are more able were encouraged to tidy their rooms, bring their washing down, gardening, and come to us when their medicines are due. Some people told us they could go out independently or with support from staff for shopping or appointments. One person said, "I help around the house and I tidy the garden or unload boxes." However, care plans did not explore what opportunities of daily living people could be supported to become independent in such as support to manage money or their own medications.

Three people had been identified as potentially being supported to move to more independent living accommodation. However, they had only been shown one home, but this potential placement was to be part of the Priory lodge home portfolio. One person was very excited about the prospect of going to a smaller home and becoming more independent, and had even visited the potential new home and helped to build flat packed furniture after choosing their bedroom. However, the home had not yet been approved to carry out a regulated activity. This risked the person becoming disappointed and having adverse effect on their mental wellbeing if approval was not given.

We asked whether alternative placements had been considered, however there had not been any exploration of other placements outside the group. Should the placement not be registered the person would remain at Priory lodge. This is contrary to the providers own statement of purpose which stated, "Choice of Home- recognise that every prospective resident should have the opportunity to choose a home which suits their needs and abilities."

We discussed with the registered manager why if people had been identified as having the potential to access a more independent environment, that they had not been supported to gain the skills necessary to become more independent. The registered manager could not give a sufficient answer.

The registered manager told us people lacked motivation to do things to improve their quality of lives. However, they had not explored people's interests, introduced new activities or sort out new opportunities for people living at the service. The providers statement of purpose stated that they, "Promoting possibilities for clients to establish and retain contacts beyond the home." They had not reviewed the local area to see

what was available such as training courses, activities, music, and art.

People had previously accessed a coffee shop café for people with mental health difficulties, however this had closed. The registered manager told us that they had not looked into alternative community activities for people.

The registered manager told us that the population of the home was aging, and this affected the motivation of people living there. However, they had not investigated current guidance and local resources to provide alternatives. There was no evidence that should any other person be admitted to the home, they would experience a culture that would empower them to achieve best possible personal outcomes.

The home was situated in the town centre, which meant that people if able, could regularly go into town, sometimes with a member of staff. However, activity provision in the home was poor and focused around board communal board games or drawing in the afternoon if people choose to engage. The registered manager told these activities were daily and this was recorded on an activity board.

On the 12 March when we attended the service, we found that the activities were only allocated to a Monday and Friday afternoon. The registered manager told us these were planned activities and that people did not really want to engage. They told us they did ask people what they wanted to do but people just did not know. They had not understood the needs of the people living at the home and limitations of finding information themselves.

During the previous inspection, the registered manager told the commission that they were recruiting an activity member of staff. During this inspection, they informed us that they had decided they did not need this role, as there was time in the afternoon for staff to do activities with people. People had mixed views about activities provided within the home, "They do try things here but they never last, most people just like to sit and smoke. I read a lot and watch TV and prefer this." Another said, "It's always the same, puzzle's, drawing. It's boring, so I watch the television instead." Care staff did not support people to expand their view of what was available. This culture does not seek to support people's potential.

The lack of identifying potential to promote independence and meaningful activity to support people to achieve their potential is a breach in Regulation 9, of the Health and Social Care Act, 2008, Person centred care.

Some people were able to access the community independently and told us they went out regularly. Others were supported by staff who told us they took people out when they had time or provided activities within the home. Staff told us, "There is always time and a lot of people go out most days, we take people to the shops or for a coffee, or just for a walk, one person goes to church every Sunday." Another said, "The managers here do encourage us to sit and chat with people."

We did note that a visiting reflexologist continued to visit the service and that people could pay for this treatment if they wanted it.

People were assigned keyworkers, a member of staff to support writing their care plans. We saw that care plans were in place so that people received the care they required which appropriately met their basic care needs. There was also information in people's care plans about their lives and their preferences. Information included, 'what you need to know about me', 'what I can do, and what I might need help with'. A section entitled 'This is me' recorded 'what upsets me' and relevant guidance for staff to avoid the person becoming upset. One care plan recorded that the person becomes very upset if they did not win a raffle prize, and the advice to staff was to ensure the person won a small prize when a raffle was drawn.

Whilst regular care plan updates had been recorded by staff, formal reviews held to discuss people's care and support with them were not always recorded.

The registered manager told us that they had not had any complaints about the service provided. We checked the communal areas for notices to inform people how to complain and advocacy services that would be available to people to access independent support, but these were not displayed. They told us that people were given information about the service when they came to the service and that the monthly resident meetings provided a forum for people to raise concerns.

We spoke to people living at the service and they told us they would have no problem talking to any of the staff or managers if they had a complaint. One said, "I wouldn't hold back," whilst another person said, "I would tell [registered manager name] if I had a problem."

The service was supporting one person at the end of their life. We spoke with staff who knew the persons needs and preferences and we saw in people's care plans their choices and preferences at the end of their life had been recorded. We saw that people had access to relevant healthcare professionals when required.

Is the service well-led?

Our findings

The service was previously rated as requires improvement. Whilst some improvements had been found, additional concerns had been raised and validated regarding the registered persons fitness to practice and consequently this domain is rated inadequate.

The registered manager was not aware of their responsibilities in reporting to external agencies about concerns of abuse and other incidents. They were not aware that they would need to send notifications for injury, including pressure sores and other incidents, such as police involvement.

The commission had not received any notifications regarding the safeguarding incidents mentioned above. Inspectors informed the registered manager of their duties and highlighted the support and guidance on the commission's website to support them to make appropriate notifications. We requested that the registered manager completed the notifications retrospectively. However, they continued to need prompting and some notifications were submitted on the incorrect forms and consequently missed important information. They were not thorough and did not explore how the persons newly identified risks could be mitigated and managed safely or immediate actions taken to safeguard people.

During the announced visit on the 12 March, the registered manager told us that a person at the service had fallen and injured themselves and that this person was at high risk of falls and injury and had been admitted to hospital for some treatment. However, the registered manager had not completed an investigation and had not notified the commission in line with their legal requirements. On questioning, they told us that they did not know they had too. This was in spite of three inspection dates where this information had been explored with the manager and support and guidance was given. We requested they send us the correct notification, however on receipt the information stated the person had not been sent to hospital. Information was contradictory to that that had been offered.

On the 17 April we received a notification about a safeguarding alert made against the service in September 2017. This was ongoing although the registered manager had informed us that there were no safeguarding's at the service during the inspection. We had not received a notification at the time the safeguarding was raised. The new notification contained a poor level of information about the allegation and no information about what the service had done to investigate, act upon or manage the risk.

This is a breach of Regulation 18 of the registrations Act, 2009; notifications of other incidents.

In November 2016 we found that the service had breached Regulation 17, of the Health and Social Care Act, 2008. The provider was required to submit an action plan as to how they would improve this area of concern. The action plan submitted to us stated that the registered manager would carry out yearly quality assurance of the home and this would result in a yearly report. However, at this inspection the registered manager informed us that now quality reports of the service were available.

The registered manager had not ensured that all the relevant safety checks were carried out on the

environment in a timely way. During inspection, these safety checks were difficult to locate and we asked that the manager send us this missing information. Following inspection the registered manager confirmed that they had missed portable appliance testing (PAT) for over a year, contrary to the provider's policy of every 12 months. PAT testing is a test to ensure the safety of electrical equipment. The registered person is required to ensure the safety of the environment and is expected that they follow the relevant safety recommendations. In this case, yearly testing is recommended. Governance systems in place did not identify when checks needed to be carried out.

We requested evidence of safety checks were forwarded to us following inspection. On receipt of these, we identified that the safety checks of the lift and bath hoist had identified maintenance needs in July 2017, although these were not urgent, recommendations had been made.

One recommendation was that the bath chair, used to lift people into the bath, should have a specialist belt secured. We requested the registered manager send us the action plan for this recommendation. This action plan completed by the manager stated that a safety belt was not needed, as people would not be left unattended in the bath. They had not explored the merit of this recommendation to ensure that they were following best practice. We sent them a safety alert issued by the Department of Health, 2015, regarding safety belts and concerns that people had died following incidents where belts had not been used on bath chairs.

We discussed this further during the meeting on the 12 March 2018. Whilst the provider and registered manager had taken action to order a new chair with belt following our concerns, they had not learned from this experience. They had not considered the recommendation from external sources on safety issues. They were not able to tell us what actions they would take to make decisions that were contrary to best practice and external advice offered. The registered manager told us they would assess people at risk following such recommendations, but were unable to confirm or demonstrate that this had taken place following recommendations in July 2017. Consequently, we lacked confidence that the registered persons would be able to identify and act on recommendations to mitigate peoples identified risks.

The registered manager could not locate updated policies and procedures for the service. Inspectors were shown policies and procedures that were significantly out of date from 2006. These had not been adapted to include updates in legislation, registration guidance, and current best practice. We spoke to the registered manager about this and they told us these were not the policies and procedures for the home. They then produced a folder of policies dated 2012. These again were out of date. The registered manager told us that care staff must have taken the actual folder to support their NVQ learning. They told us, "It's always difficult to find, staff take it." They were able to eventually produce the up to date folder, however, these policies did not always reflect best practice and current guidance, for example, infection control management. The registered manager did not understand the importance of these being accessible or how to support staff to use them.

The registered manager only carried out a falls analysis once a year. This was a list of falls that occurred and did not include any analysis of falls that might indicate trends, such as time of day, staff on duty, mood and behaviour, and infection as potential contributory factors. This is contrary to best practice. The lack of analysis of incident and accidents meant the registered people did not use this information to constantly learn and improve.

Prior to inspection, we reviewed the provider's website and found that the provider was not displaying their rating as is required by them under the HSCA, 2008. On visiting the service, we found that they had not displayed the rating at the service in a communal area as required by the HSCA, 2008. The registered manager was not aware of the need to display the ratings. The HR/ Training manager immediately rectified

the concerns on the day of inspection.

The care provided at Priory Lodge did not always reflect the provider's statement of purpose. This legally required document includes a standard set of information about a provider's service and their aims and objectives. Aims and objectives to support people to become independent have choice about where they lived; access to meaningful activities and engagement with the local community was not reflective of what we found at the service.

This was a continued breach in regulation 17, of the Health and Social Care Act, 2008.

During the inspection, the registered manager gave inadequate answers to their roles and responsibilities. Information they gave to questions often contradicted with that of the HR manager and staff. For example, whilst staff placed importance on deescalating people in distress through one to one time, distraction, and support, using medication as the last option, the registered manager felt that medication would be the first option. This view was echoed the following day during a fit and proper persons test.

The registered manager had not used incidents, investigations to learn from and drive improvement. Information from incidents and accidents and safeguarding concerns were not reviewed to identify how risks could be managed and appropriate measures put in place to mitigate reoccurrence. For example, for the non-removal of the ladder from the garden for several months after a person was injured using it (as discussed in the safe domain). They did not understand their responsibilities as a registered person to have oversight of all aspects of the service.

Not all safeguarding incidents had been reported to the safeguarding authority for further investigation to ensure people were protected from the risk of harm and abuse. This included allegations of abuse from people living at the service, as explored in the Safe domain.

The registered manager did not understand their responsibility to notify the commission of other incidents in line with regulation 18 of the regulations act, 2009. Inspectors attempted to support the manager to access this information, but their understanding of the responsibilities remained poor.

These responsibilities were further explored during a separate interview on the 30 of January 2018 during a fit and proper person's interview. The registered managers understanding of their responsibilities remained woefully inadequate. A fit and proper person test is a test used by the commission to ensure that people have the knowledge and skills to carry regulated activities. This was again observed during the 12 March 2018, where a lack of learning from previous concerns identified in the report, and a lack of understanding of the registered persons responsibilities, resulted in our serious concerns about the competency of the these persons fitness to carry out the regulated activities.

The registered manager did not measure and review delivery of care against current guidance and did not keep themselves updated with regular alerts from stakeholders, such as the Department of Health, National Institute for Health and Care excellence, local council and the Care Quality Commission. They had not engaged with local networking people with registered responsibilities.

They had not undertaken any learning about working with people with mental health problems and their understanding of the needs of people with these difficulties was poor. An example of this was lack of consideration to promote people's independence and access potential new opportunities for people.

This failure to demonstrate these skills was a breach in Regulation 7(2) (b) of the Health and Social care Act,

2008 Requirements relating to registered managers.

During the meeting on the 12 March, we also met with the provider. The provider informed us that they visited every day during the week. In spite of these frequent visits, they had not identified the shortfalls that we found a service, including concerns over the manager's competency.

Despite concerns raised about the service at the inspection in November 2016 and 29 January 2018, the registered people did not have service improvement plans and strategies in place that reflected current best practice and care standards.

Whilst progress had been made in most of the areas where we found concern in the previous inspection, the success of these achievements were the result of care staff working at the home, guided by the HR/ training manager.

Care staff at the home told us they had good relationships with the provider, HR / Training manager, and the registered manager. They told us, "They are always hands on, on the floor"; "The door is always open if I have concerns," "They training are really good and I feel supported." Staff in particular informed us that if they had problems or concerns about a person's care they would speak to the HR / Training manager who would help to resolve it. During inspection, we saw that both the registered manager and the HR manager were available to support staff, as one of the managers would always be included within the care numbers.

The HR / Training manager carried out robust investigations when staff voiced concerns about quality of care. Staff was supported to question practice and whistle blow and were supported and protected when they raised concerns. We observed action plans and observations put into place to support staff to improve. The HR / Training manager constantly looked for new training opportunities for staff to expand their skills and the management team supported staff in external learning, by helping to organise care shifts that allowed them to undertake additional opportunities for development.

Regular supervisions took place in line with the providers supervision policy with the HR/ Training manager. Staff told us this helped them to feel supported. In addition the staff were supported to have team meetings to discuss any concerns they had or suggestions for the home.

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 18 Registration Regulations 2009 Notifications of other incidents The registered manager did not notify the commission and at times other safeguarding agencies in accordance with the Act. They did not take measures to appropriately identify, monitor and manage known risks to people when abuse was alleged by people living at the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service did not support, encourage and empower people to be as independent in line with best practice, particular when people had been highlighted as potentially being able to move to more independent accommodation.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment When risks to people had been identified, the registered persons had not taken action to mitigate these risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered manager did not act upon

identified risks to people and incidents were not always recorded, investigated and information used to mitigate potential risks to people.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA RA Regulations 2014
Premises and equipment

Infection control processes were poor and the environment / fixtures and fittings were not always clean in line with best practice. The registered manager and provider did not always act on recommendation's following safety checks on equipment.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

Governance systems in place did not identify concerns found during and after the inspection date. There was no quality monitoring of the service to feed into service improvement plans. Audits were not used to identify risks and trends and incidents and accidents were not always recorded and acted on appropriately.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 7 HSCA RA Regulations 2014 Requirements relating to registered managers</p> <p>The registered manager lacked the appropriate skills and competency to safely manage the service. This was further explored when they failed a fit and proper person interview.</p>

The enforcement action we took:

Issued a notice of proposal to cancel the registered managers registration at the home.