

Four Seasons (Bamford) Limited

Priory Park Care Home

Inspection report

Priory Crescent
Penwortham
Preston
Lancashire
PR1 0AL

Tel: 01772742248

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18 September 2018

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Priory Park Care Home (Priory Park) on the 17 and 18 September 2018. The first day of the inspection was unannounced which meant the provider was not expecting us. We told the manager we would be returning to continue the inspection on the second day.

Priory Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Priory Park is in the Penwortham area to the outskirts of Preston. The home provides accommodation and support for up to 40 people with either nursing or residential care needs. At the time of the inspection there were 29 people living in the home, some of whom were living with dementia.

On the ground floor of the building was an office area and the home's hairdressing salon, laundry and kitchen facilities. There was a lift to both the first floor unit and to the second floor unit which was for people with nursing needs who were living with dementia.

The home was last inspected October 25 and 30 October and 2 and 8 November 2017. At that inspection we found there were six breaches of the regulations. The provider was failing to provide safe care and treatment in relation to mitigating risks and was not consistently supporting people with their nutrition and hydration needs. We found that the registered provider had not made sure they had all the relevant information when they employed people and did not have a comprehensive system of quality audit. We also found that the registered provider had not ensured that people giving consent on behalf of others had the legal authority to do so and that care was person centred in practice.

Following our inspection, October 25 and 30 October and 2 and 8 November 2017 the provider developed a plan to make improvements to the service. During this inspection, 17 and 18 September 2018 we found the provider had taken significant action to improve the quality and safety of the service. We found, at this inspection, that improvements were actively underway. These needed to continue to make sure positive changes were fully embedded so people received a consistently high level of care.

At the last inspection the domain of well led had been rated inadequate. At this inspection we found that the new manager had made significant improvements in the way the home was being run for the people who lived there. Quality assurance and audit systems were being used to monitor and critically assess the service's performance. The staff reported improved morale and that the manager was promoting a culture of improvement. The changes underway needed to show consistency in the long term.

Everybody we spoke with who lived at Priory Park said they were happy living there and that they could approach the manager or senior staff [nurses] "at any time." People we spoke with told us they felt safe living in the home. There were procedures in place to minimise the risk of unsafe care or abuse. Staff knew

the actions they needed to take and had received training on safeguarding vulnerable people. However, we asked the manager to raise an alert with the safeguarding team during the inspection. They did this immediately.

We found that there were some systems errors in the management of medicines and systems for managing medicines used at the end of life were not sufficiently robust. We found this to be a new breach of regulations.

We could see that the manager was actively recruiting new staff and that the permanent staff establishment was not at its optimum level. Staffing shortfalls were being managed using agency staff to fill gaps on shifts. The home was not taking any new admissions to try to mitigate risks to people using the service whilst recruitment and service improvement was underway.

People we asked told us that they felt they could choose when to get up and go to bed, or have baths/showers, but said that if they needed support to do so, this depended on staff availability and time. We saw that people could move freely around the unit and there was signage in place to support people living with dementia.

The service followed the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves. Advocacy services were accessible should people need this help and support. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. We have made a recommendation that the manager makes sure information about powers of attorney be made more easily available to staff to avoid confusion.

We saw that the service was following its procedures for safe recruitment and that when employing staff the recruitment process had included all the required checks of suitability.

People were being asked for their feedback on the service provision and about the food and menus. The environment of the home was welcoming and the communal areas had been arranged to make them homely and relaxing and to support the needs of people living with dementia. We found that all areas of the home used by the people living there were clean and tidy.

People who lived in the home and the relatives we spoke with knew about their plans and reported involvement in planning and deciding on how they wanted to be supported and cared for. On some occasions changes that had been identified in care plans had not been updated in the relevant files. Work was underway to help ensure greater consistency. We have made a recommendation that the manager reviews the current monitoring system to include all records being held in people's bedrooms as well as in care their plans.

People who lived in the home had access to a range of organised activities that went on in the home for them to attend if they wished and that they were supported their own interests. There was an effective system for logging formal complaints made about the service and the care received.

Quality assurance and audit systems were being used to monitor and assess the service's performance. People who lived in the home were asked for their views of the service and their comments had been acted on.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found that there were some systems errors in the management and recording of medicines and systems for managing medicines used at the end of life were not sufficiently robust.

Risk management plans had been developed but the level of information varied. Information was sometimes duplicated and not always carried forward to the different records in rooms and plans. A review of the documentation was already well underway.

Personal Emergency Evacuation Plans (PEEPs) were updated during the course of the inspection to accurately reflect people's current needs.

The service was actively recruiting staff and had followed its procedures when recruiting new staff and appropriate checks had been made when recruiting then.

Staffing shortfalls were being managed using agency staff. The home was not taking any new admissions to try to mitigate risks to people using the service whilst recruitment and service improvement was underway.

Requires Improvement 

Is the service effective?

The service was not always being effective.

On some occasions changes that had been identified in care plans had not been updated in the relevant files.

We found that the service had policies and procedures in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. MCA assessments had been done for people to help assess their capacity. However, staff did not have quick access to information about who had legal authority to make decisions on people's behalf.

People's nutritional needs were being assessed and people's

Requires Improvement 

weight was being monitored and appropriate professionals involved. People had a choice of nutritious meals, drinks and snacks.

Staff working in the home were receiving training and supervision relevant to their roles. Gaps in training were being identified and addressed.

Improvements had been made to the unit where people were living with dementia to make it more supportive of their condition.

Is the service caring?

Good ●

The service was caring

People told us they were happy living at the home and felt that they were well cared for.

We saw that the staff treated people in a kind and respectful way and engaged positively with people.

People were able to follow their own faiths and see personal and professional visitors in private.

Staff demonstrated good knowledge about the people they were supporting and on their backgrounds, their likes, dislikes and preferred activities.

Is the service responsive?

Good ●

The service was responsive.

Care plans and records showed that people had their personal care needs assessed and the management of their care planned with them.

There was an effective system for logging formal comments made about the service and the care received. People knew who to speak to if they had any concerns.

Staff knew people's individual needs, likes and dislikes and supported them in pursuing activities they enjoyed.

Is the service well-led?

Requires Improvement ●

The home was not well led.

The home did not have a registered manager in post.

Staff told us the management was approachable and they felt supported, valued and listened to by the new manager.

People who lived in the home were asked for their views of the service and their comments had been acted on.

Quality assurance and audit systems were being used to monitor and critically assess the service's performance and to help drive a culture of improvement.

The new manager communicated a clear vision and purpose about the development of the service. The improvements being made within the service needed to be fully embedded for the long-term benefit of the people living in the home and to demonstrate the service could sustain them.

Priory Park Care Home

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 was planned to check 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.

This inspection took place on 17 and 18 September 2018. This visit was carried out by three adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Two adult social care inspectors arranged to return to the home on 18 September 2018 to complete the inspection and monitor the actions taken by the registered manager to mitigate risks identified on the first day.

During our inspection we spoke with nine people who lived in the home, five visitors to the service, three nursing staff, four care staff, including a Care Home Assistant Practitioner (CHAP) and two ancillary staff, including members of the housekeeping teams. We also spoke with the new manager and the acting regional manager for the service. We observed the lunch time experience in the unit for people who were living with dementia and sampled some of the food and drink. We also made general observations of staff interactions with the people who lived at Priory Park.

We made a tour of the premises and the areas used by the people who lived there as well as the laundry. We looked at a sample of care and medication records, including the care records for seven people who lived in the home and five medication records. We also looked at room files to help identify the assessed support needs of people in the home and to see the records of the support delivered. We looked at the recruitment records in detail for five staff employed since our last inspection. We also looked at records around the maintenance and servicing of equipment, fire safety records and quality monitoring documents.

Prior to the inspection we collated the information we held about the service and analysed it to inform our inspection plan. This included the registered provider's plan for how they intended to make improvements to the service and notifications the manager had sent us at the Care Quality Commission (CQC) of significant

events that had occurred in the home such as serious injuries to people. We looked at the information provided to CQC from the local authority commissioning teams and the local authority safeguarding team to inform our visit. We were aware that there had been safeguarding incidents that had been brought to the attention of the police and that these were being investigated by them.

We used a planning tool to collate all this evidence and information prior to visiting the home.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at Priory Park. People said they were pleased with their accommodation and expressed satisfaction about the environment. No one we asked reported any concerns or fears regarding their safety or any unsafe or abusive behaviour by any other person. We were told, "I'm happy with the care and the safety here." One person who lived in the home told us "I feel safe enough in general but it depends on the situation, I suppose if there was an emergency, I'm not really sure. There's a fire practice every Friday, and the door [to room] closes automatically". Another person told us, said, "They [care staff] use the hoist to get me out of bed and I sit in my chair. Yes, I do feel safe when being transferred."

We looked at how medicines were being managed in the home. We were told by one person, "I have a bit of medication, morning and night; it's always on time." We looked at the Medicines Administration Records (MAR) in detail for five people and saw each had a photograph and there was a record of any allergies. However, we found that there were some systems errors in the management of medicines. We noted that medicines were not always being carried forward on records so that there could be an accurate record of all medicines kept for people in the home. We also noted that medicines that had been discontinued had been dispensed. We saw that medicines that had been prescribed on an 'as required' basis did not always have a protocol or guidance for staff on their use.

We looked at the management of controlled drugs [medicines that were liable to misuse] and medicines used at the end of life and found the systems in place did not ensure their safe management. For example, we found that monitoring processes had not identified that a liquid painkiller had not been accurately measures and that a patch applied to the skin had not been applied on the correct day as it was not clearly indicated on the MAR. We observed that the last audit earlier in the month had identified shortfalls in medicine management but that they had not been followed up to make sure they had been addressed.

We asked the manager and acting regional manager to address these matters immediately. By the second day of the inspection the shortfalls previously identified had been addressed and a full medication audit had been carried out and a comprehensive action plan with timescales and follow up responsibilities was in place. This helped to mitigate the risk while the full system was reviewed.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The registered provider had not made sure that medicines were being safely managed and correctly recorded.

At the last inspection we found that there was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not followed their own policy and procedures in relation to making sure all the appropriate checks had been made when recruiting new staff.

At this inspection we found that the breach of regulation had been addressed. We saw that the relevant pre employment checks had been carried out with staff. This included checks by the Disclosure and Barring

Service (DBS). This service checked that the staff members had not been barred from working in a care service and did not have any criminal convictions that would make them unsuitable to work in the home. Staff had completed applications forms and we saw that where there were gaps in an employment history these were followed up and reasons explored. Similarly, any previous issues identified by police checks had been explored with the person and suitable references had been taken up. We also saw in records that the new manager had carried out meetings with staff completing their probationary period and induction training to assess their progress and had addressed with staff such issues as poor time keeping.

At the last inspection we found that there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because some risks to people had not been identified and assessments had been inconsistent. At this inspection we looked at the risk assessments in place to help keep people safe and saw that the breach had been addressed..

We looked at the fire risk assessments in place and people's Personal Emergency Evacuation Plans (PEEPS) and the progress made against the fire risk assessment action plan carried out in 2017. At the last inspection a recommendation had been made that the PEEPs were reviewed and updated as necessary and a fire warden be allocated for each shift so they were aware of their responsibilities, if the event should arise. We saw that not all the PEEPS were up to date to clearly show each person's current needs in the event of an evacuation being needed. We were concerned that there was no evidence of staff having fire warden training to make sure there was a fire warden on each shift. We saw that there was no record of the fire risk assessment action plan having been completed and no record of when fire drills had been completed.

We discussed this with the new manager and the acting regional manager who were not aware the fire risk assessment action plan had not been addressed by the previous registered manager. They understood of the seriousness of these concerns and took immediate action to mitigate the risks we had identified. Before the end of the first day the manager ensured that there was a staff member on the night shift who was a fire warden and that wardens were identified on the rotas. The home's own monitoring had identified this was needed and training was being organised.

When we returned the following day all of the PEEPs had been reviewed to be up to date and accurate documents and the evidence had been collated to show that the fire risk assessment had been met. The records for fire drills were provided and we could see that appropriate emergency equipment was in place and being serviced and maintained. The home already had a contingency plan for foreseeable emergencies with named locations in the event of an evacuation

Risk assessment records had been completed, the moving and handling risk, mobility and skin integrity assessment and associated care plans showed the current needs of the person and the support staff should provide to help to reduce any associated risks. We reviewed the risk assessments to support people at risk of choking and found that appropriate professional had been involved in their assessment and had advised. Management plans had been developed and reviews were underway to help make sure changes were recorded when they happened. Records of care were detailed and complex and we found that information was sometimes duplicated and not always carried forward to the different records in rooms and plans. A review of the documentation was already well underway to simplify recording and reduce the repetition of information and confusion over where changes had to be recorded. A clinical manager was on secondment in the home to supervise, support and help develop staff and make sure the staff understood their responsibilities in relation to record keeping.

At last inspection a recommendation was made that Personal Protective Equipment (PPE) be available at points of need and specifically where staff might be handling soiled clothing or continence aids. Throughout

our inspection we found the premises and equipment were clean and people were being protected against the risk of infection. The home had an infection control lead in post to oversee these procedures. We observed that new dispensers had been installed throughout the home for gloves and aprons need for providing personal care and the handling of laundry. The housekeeping staff we spoke with told us they had the equipment they needed to ensure the home was cleaned thoroughly. The home was fresh smelling with no unpleasant odours.

We received differing views on the staffing available in the home. Two people we spoke with said they thought there were enough staff, whilst four commented to the effect that staffing levels were too low to meet everybody's needs, at least some of the time. We were also told, "The staff are all right but they tend to be too busy to give you any time for a chat or a bit of company." People also said that they felt they could choose when to get up and go to bed, or have baths/showers, but said that if they needed support to do so, this depended on staff availability and time. We were told by people living there, "There's always somebody about but they're always very busy." During the inspection we saw that call bells were available in people's bedrooms and to hand for those who were in bed and able to use them to call staff. We observed that staff responded to these calls within a few minutes. A person we spoke with who lived on the nursing unit commented that at times they felt there were not enough staff to assist them if they needed help quickly. They told us that staff did always come when they called for them but "It can take a while and that can be a long time when you need help quick."

On the unit where people were living with dementia we observed that there were enough staff on duty to safely support the small number people who were up and about, whilst managing the needs of those still in their rooms. We observed that although relationships between staff and people living in the home friendly and familiar, there seemed to be little time for staff members to interact with people other than to carry out care tasks.

We saw that the manager had been actively recruiting nursing and care staff to work in the service and to establish a permanent and stable staff team for the people who lived there. A new deputy manager was due to take up their post within a week and they would be able to take on delegated managerial tasks to support the new manager. A registered nurse had been also been appointed to take up the position of unit manager for the dementia nursing unit. We saw that five new care staff had been recruited and were waiting for all employment checks to be completed before induction and working in the team. These would help to develop a permanent staff team who knew the people they cared for rather than agency staff who were there for a short period only and were not as familiar with the home and people who lived there.

We looked at the staff rotas for each of the units and the dependency tool that the service used to help determine the number of care or nursing staff and found that staff were allocated to units in line with their own dependency processes. We spoke with the manager about how staffing shortfalls were being managed using the agency staff. We saw on rotas that there was a high percentage of agency nursing staff being used in the home but the manager had used the same staff to try to maintain a safe level of staffing and have some continuity. The manager and acting regional manager understood the high use of agency staff was not ideal or sustainable in developing a good quality service. We could see that the registered provider and manager were taking effective steps to deal with their staffing shortages in the long term whilst using agency staff in the short term. The home was not taking any new admissions to try to mitigate risks to people using the service whilst recruitment and service improvement was underway.

The care and nursing staff were supported by ancillary staff including catering staff, domestic and laundry staff, reception staff and a maintenance person. There was also an activities coordinator to organise and support planned activities for people. This helped care and nursing staff to focus their efforts on supporting

people who lived in the home.

The staff we spoke with told us they knew how to identify and report abuse. The staff told us they would be confident to report any concerns to a senior person in the home and had confidence in the new manager to take prompt action. The new manager of the home had notified us of allegations of abuse and had referred these to the local authority as required. We asked the manager to make a referral under safeguarding procedures to the local authority because of information found at the inspection. They did this straight away. Training was provided for staff on safeguarding vulnerable adults and an additional clinical manager was currently working in the home to support the manager and supervise, support and help develop staff and make sure the staff understood their theoretical training and applied it in practice. This had been done because the manager had learnt from a previous incident and identified a potential gap between staff's theoretical knowledge of safeguarding and their knowledge of its practical application.

Is the service effective?

Our findings

People we spoke with who lived at Priory Park told us that the staff understood their needs and respected their choices and the decisions they made. People we asked were happy with staff skills and knowledge and with the way their medical needs had been managed, and that they were recovering because of staff care. We were told, "The staff are all very good. They help me" and "The nurses know what they're doing; the carers just give care really, but it's all fine."

Everyone we asked about their health care was happy that they had access to their doctor and other healthcare professionals as they wished or as needed for their medical needs. We were told, "They [staff] call the doctor whenever I need one. I've seen one just recently and they're going to switch my medicines." A relative told us, "Podiatrists are available and charged separately. They have just had somebody in to check [relative's] eyes and they need some new glasses."

At the last inspection a breach of Regulation 11 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014 was identified. This was because the registered provider had not made sure that people giving consent of behalf of people living in the home had the authority to do so.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home completed and referred people for Deprivation of Liberty Safeguards appropriately and had applied the principles of the MCA prior to doing this.

At this inspection we checked that people giving consent of behalf of people living in the home had the authority to do so. We saw that the manager had gathered information from relatives and from the office of public guardian and developed a file that contained all the current information about who living in the home had a power of attorney. This showed if the power covered finances or health and welfare, or both. It was also recorded who came under the Court of Protection. However, we found that staff did not have this information and were not always clear on who held what level of legal authority. As a result staff were not always including the appropriate people in decision making. We recommended that the manager looks at ways to make sure that the information that had been gathered on people's representatives was always clear in care plans so that staff had quick access to this information.

We found that the service had policies and procedures in place in relation to the MCA and DoLS. MCA assessments had been done for people to assess their capacity to make some decisions such as receiving

nutrition via a tube, using bedrails and using lap straps in chairs.

At the last inspection we had found a breach of Regulation 14 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014 because appropriate action had not been taken to help make sure the nutritional needs of people in the home were met. At the last inspection a recommendation had also been made about making sure that feedback from people who lived in the home was considered and implemented on the quality and choice of food being offered to them.

At this inspection we found that people's nutritional needs were being met and people's feedback had been acted upon. Menus had been reviewed and people's choices placed on the menu, this included the introduction of 'snack boxes' for people to have when they wanted. We noted a choice of hot and cold meals and that people were given other options at lunchtime when they said they didn't like what they had originally chosen. We had lunch with people who were living with dementia and saw that care staff worked together to serve people seated in the dining room as well as serving or assisting those who were eating in their rooms.

Communication between staff was good, with everyone taking a share in the responsibility for trying to ensure everyone was being attended to. The people in the dining room needed little assistance other than help with their napkins and with encouragement to eat and this was offered kindly and respectfully.

We observed that snacks were offered to people in the morning and afternoon, with a wide variety of cold and warm drinks available to choose from. We saw that the carer giving out drinks in the morning was very familiar with people's tastes and knew what to offer them accordingly and, when the carer saw that the person had drunk this, they provided another drink. Some people were offered yoghurt in place of biscuits and a carer told us this was because of their need for soft food. We saw some people had been referred to the SALT (Speech and Language Team), where they had been prescribed specific textured diets to reduce the risk of choking and support difficulties when swallowing.

We spoke with carers who told us that they were familiar with people's preferences and knew about any additional dietary needs such as diabetes or thickened drinks. They told us that this information was available to staff in the nurse's office but that they also directly informed any agency staff by writing onto the catering notes shared on the unit at meal and snack times. They showed us an example of this. We saw that all people in the home had a nutritional assessment in place, that care plans were in place for people's oral care and that their weights were being monitored for changes. We saw that where a problem had been identified with nutrition that action was being taken to get advice and support from appropriate professionals.

We looked at the way care was planned for people who received food via a tube and found that their care plans were clear on how this was to be managed and was up to date. However, we did note that on some occasions changes that had been identified in care plans, such as the thickness of liquids had not been updated in the files in people's rooms. Whilst staff were aware of people's current needs the records were not current. We discussed this with the manager who addressed this straight away so the all records held in bedrooms were updated, accurate and subject to audit. We recommend that the manager takes advice and reviews their current monitoring system to include all records held in people's bedrooms.

We looked at staff training records and the training programmes in place for all staff. There was an ongoing programme of training, relevant to staff roles, that was being kept under review. The new manager had been carrying out supervisions with staff. We could see that training relevant to people's roles was being organised. Some training was delivered through electronic learning and most had been completed. We saw

that staff had not received training on safe holding when assisting people with behavioural needs, although this was planned to take place. Practical training and follow up on staff understanding was an area the manager had identified as needing improvement. The registered provider had provided additional resources to support the manager with bringing all staff training up to date and to monitor staff understanding of the training and their role. It had been identified from events that had taken place in the home that staff understanding of training received had not been assessed to make sure they applied learning in practice. Clinical assistance was being provided from a manager from another of the registered provider's homes. This was with staff supervision in the workplace, organising training and supporting staff development.

The home had been developing the role of 'champions' in the service and a safeguarding champion had been appointed. On the day of the inspection they were attending a 'Safeguarding Forum' and would share the information and knowledge gained with the staff team. Champions are staff who have specific areas of interest and are central in bringing best practice into a home, sharing their knowledge, acting as role models and supporting staff to provide people with good care and treatment.

Agency staff training profiles were available to show what training agency staff had when they came to work in the home, we noted that they had not done recent MCA training. The manager confirmed they would raise this with the agency and would support agency staff in the home with this. Agency staff had general fire training but not specific to the home. The manager confirmed that they were going to give site specific fire training to agency staff along with their permanent staff.

We saw that the second floor unit where people were living with dementia had been refurbished since the last inspection to provide an environment that was supportive of the needs of people living with dementia. We saw that people could move freely around the unit and there was signage in place to support people living with dementia. This provided visual information and prompts to help people to know where facilities like toilets were and to orientate themselves within the home. We noted that throughout the home empty rooms were also being refurbished in line with people's expressed preferences.

Is the service caring?

Our findings

People who lived at Priory Park spoke positively about the care they received from staff." We were told, "They've got some really nice staff and the measure of them is how long they've stayed here – they wouldn't if they weren't happy." We were also told, "The staff are quite pleasant, even though they're under pressure – they're wonderful, the staff here. But I can get a bit grumpy being stuck in my wheelchair." One person commented, 'I like it here, quite honestly.'

We asked people who lived at Priory Park if they were happy that their privacy and dignity were being respected, and some gave us examples of staff shutting doors and covering them up during personal care. One person said, "I have help getting dressed and showered and it's private because you can put curtains round you if you want. The door's always shut." Another person told us, "When I'm having a shower it's all done properly, all above board and no 'hanky panky'. You're kept private by the doors being shut and the carers making sure you're covered up."

We asked people who lived in the home and the relatives we spoke with about their care plans and what they knew about their plans and their involvement in planning and deciding on how they wanted to be supported and cared for. We were told by one person, "I have an advocate who always does it but I know what's in it and I sign it." Another told us, "My relative takes over the care plan but I do go to the meetings." A relative said, "I have LPA [Lasting Power of Attorney] for my relative and do the care plans. They are reviewed regularly and they've been done within the last 12 months."

At the last inspection in October and November 2018 a recommendation had been made about increasing people's involvement developing their care plans with them and/or with their representatives. At this inspection we found that action had been taken to make sure people and/or their representatives were given opportunities to be part of their care planning and review process so that they could actively contribute to their plans if that was what they wanted to do.

During the inspection we went around the home and looked at the bedding and towels in use. We saw that these had been replaced since the last inspection following feedback from the satisfaction survey that had been carried out with the people who lived there. We saw that these items were of good quality and that people had been also been involved in choosing new items of soft furnishings in their own rooms and when they were redecorated.

People told us that friends family and friends were made welcome when they visited. Everyone we spoke with said their privacy and dignity were respected and we were told 'You can see visitors in your own room, if you want to be private.' We saw that staff knocked on people's doors and that doors to bedrooms and bathrooms were kept closed whilst personal care was given or when people saw healthcare professionals.

We spent time on all the units people lived on in the home to observe how people who could not easily express their views, were being supported and approached by staff. We observed several caring and appropriate interactions between staff and people living in the home especially when assisting them to

move around the home or take part in activities.

Advocacy services were accessible should people need this help and support. Information was on display in the reception area for people and families if they wanted information on this. We saw examples of when this had been used. This helped to make sure that people's interests could be represented and they could use appropriate external services to act on their behalf if they wanted this.

Is the service responsive?

Our findings

People we spoke with who lived at Priory Park told us that the staff understood their needs and respected their choices and the decisions they made. People said that care staff provided them with all the practical assistance they needed. We observed staff members on several occasions adapting their questions and support according to people's needs. One person told us, "The care here is the best in the northwest. It's 100% better than my previous care home." A relative told us "It was the staff who latched on to the fact that [my relative] needs assisting when eating, where [relative] didn't up till then."

We asked people about what the activities organised in the home and spoke with one person who liked to spend their time in their bedroom where they could knit. They told us, "There's a lady [activities coordinator] who comes and brings me wool so I can knit things to help little babies. I like sitting on my own and I can watch the TV when I want to.' Another person told us, "There are lots of activities. I like going in the garden as well. Usually somebody takes you down in the lift. And they take you to garden centres and parks, and sometimes the seaside" Another person also enjoyed sitting out in the garden and told us, "There are sunshades in the garden, so we can sit there when it's hot and not get burnt." Another person commented, "There are activities and I usually join in with them. Occasionally I go out if there's somebody to take me, for a coffee."

A relative told us, "The carer goes into the garden with [my relative], takes them in their wheelchair. The activities lady asked us lots of stuff about their previous life and made a book to jog [relative's] memory." Staff demonstrated a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety. We observed one person with one to one support being offered different choices and the carer responding patiently and kindly to the choices made.

At the last inspection there had been a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. This was because people's needs had not been appropriately assessed and plans had not been put in place to meet those needs. There had also been a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because records had not been contemporaneous of the care provided. At this inspection we found that this breach had been addressed and review work was also continuing to help make sure all staff followed procedures on record keeping.

We looked at a sample of care records and the care records for eight people living in the home in detail. We could see that in the 10 weeks the new manager had been in post they had prioritised the work being done to make care and support more person centred and to include people more clearly in their care planning. Care plans were being reviewed by the manager as they were large documents and contained a lot of documentation and repetition of information and there had been occasions when information had not been updated promptly in the correct place. The review work underway needs to continue so all care plans have been thoroughly reviewed to help make sure that the level of information and detail seen in reviewed care plans can be found in all of them. This work would be increased when the deputy took up their post the next

week. The manager had also started a programme of themed supervisions with staff and this included contemporaneous record keeping. Their understanding was being assessed by the clinical manager who had been seconded to support the new manager.

We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine if they could provide people with the right level of support they required. We saw each person's file had a page on the front to identify clinical hotspots. This helped to highlight key risks in supporting that individual and included if there was a DNACPR in place, if the person had poor mobility or needed a special diet.

Each person's care plan had a section for staff to complete about the important things in people's daily lives. We observed that activities were going on within the home both in groups and individually. We watched the activities coordinator supporting people to play board games. The coordinator spoke gently and kindly, explained things clearly and modelled the actions they were asking people to make to take part in a game. They adapted their language and level of support according to individuals' needs and capabilities. We later saw a group of four people seated together watching and listening to a musical on a shared TV in a seating area. They were taking part with evident enjoyment and were being encouraged and supported by a member of care staff.

We observed the service was responsive in working with and involving other health care professionals to try to make sure people received the appropriate care and treatment in a timely manner. We saw an example of how the service had responded quickly to involve a person's doctor in changes in condition and an example of urgent assessments being accessed from other professionals, including mental health teams, to support people's condition or choices. We saw some examples of detailed planning for some behaviours but some care plans were not as clear.

A family we spoke with felt that their family member's specific needs were not being fully met partly because of staff awareness and training and had raised this verbally. We discussed this with the manager who was investigating the complaint and was trying hard to get a reassessment carried out by appropriate professionals to help address this person's needs. The manager were able to confirm that they had learnt from the matters raised and more appropriate equipment had been ordered. This would help to mitigate an identified risk following a review of the use of bed rails.

People we spoke with who lived in the home told us, "You can talk to the staff if worried about anything" and "I have no complaints but you could talk to any of the staff and they'd listen." People said they knew how to make a complaint and would feel comfortable raising an issue if they needed to. We saw a complaints policy and procedure was in place and advertised throughout the home. One complaint raised since last inspection that was being dealt with by service. We saw that a file was set up for recording, investigating, responding to and monitoring complaints progress.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. People and their representatives had been asked about how they wanted to be supported at the end of their life. This included establishing their wishes about what care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. We saw people had been supported to remain in the home where possible as they moved towards end of life care. This meant people could remain in their familiar surroundings and be supported by staff who knew them well. The manager and staff we spoke with understood the importance of promoting equality and diversity. This included facilitating religious observance for those who wanted it and according to their faith and cultural needs.

Is the service well-led?

Our findings

Everybody we spoke said they were happy that they could approach the manager or nursing staff "at any time" and that they were accessible in the home. One person who lived there said "[Name of manager] is in their office if I wanted to speak to them." A visiting relative told us, "I have met the new manager and I wouldn't hesitate to stop and speak to them if need be – seems friendly."

Since the last inspection a new manager had been employed and they were in the process of registering with CQC. 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. Although the manager had only been in post 10 weeks when we inspected everyone we spoke with spoke highly of the manager's approach and the positive changes they had made.

A deputy manager had recently been recruited and a new unit manager was due to join the team on the nursing floor. The manager confirmed that it had been agreed that on taking up the post the deputy manager would have dedicated time to address the need to review care plans and the care planning systems in place. It had been identified that the documentation had become complicated and that some changing information was not being carried forward as it should and other information duplicated where not necessary.

At the last inspection there had been a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the home did not have a comprehensive system of quality audit to identify concerns in the service delivery, did not have records of the care and support required by people in the home and because the home did not act on the feedback it received in a timely way. At this inspection we found this breach had been met. We looked at the quality monitoring systems being used in the home and how the new manager was regularly completing and embedding the systems. The home had a 'tracker' system, where information was collected electronically. The system was to identify non-conformance against policy and procedure and this generated an action plan and flagged up levels of urgency. Audits were being done and shortfalls had been identified. We saw evidence of quality monitoring and audit for the environment and housekeeping, after which new furniture had been ordered and redecoration sanctioned. Monthly catering audits had been done and we saw that nutrition and weight loss was being properly checked and to see that action was taken. Choking risks had been audited to monitor appropriate assessment and quality of life audits had been done to look at ways to make life better for people living in the home.

The tracker had identified that fire drills were not up to date and that fire warden training needed to be done to replace staff who had left. A medicines audit done during the month of the inspection and had identified some shortfalls but we could not see recorded evidence that these had been actioned by the date stated. We recommend that the service seek advice and guidance from a reputable source about the use of action plans and prompt formal follow up where quality audits have identified shortfalls.

The provider had notified the Care Quality Commission of all significant events and accidents that had occurred in line with their legal responsibilities. Where concerns had been raised with them they had taken advice and shared information with the CQC and the commissioners of the service. The service worked in partnership with other healthcare professionals such as district nurses and GPs. Referrals had been made to relevant professionals when required to make sure people got the treatments they needed.

A new senior management structure and new personnel had been put in place since the last inspection. The new managing director had visited the service to see what resources the new manager needed to continue to improve the service for the people who lived there. Approval had been given for a refurbishment of the unit where people receiving nursing care lived. Visits had already been made to give support to the new manager from human resources and the health and safety and estates management for the registered provider. This helped to identify and act upon the areas the manager had identified as needing additional resources. The managing director confirmed they would not be taking any admissions to the home until it was agreed this was appropriate. They have committed the necessary resources and support to assist the home manager to move the home forward and to sustain the improvements they are making on an ongoing basis. We saw this evidenced in actions being taken by the new manager already and by the speed with which personnel and resources had been made available to address concerns found when we inspected.

The home had recently completed questionnaires with staff, residents/relatives and professionals. These questionnaires had been collated to allow for analysis and to identify areas that the service could improve. We could see that décor, soft furnishings and menus had been improved because of the feedback received.

Staff morale within the home had improved and this was confirmed by feedback received from the staff survey and comments made to us when we spoke with staff. We saw recently completed staff surveys which were very positive and made comments such as, "We are all really impressed with the approach of the new manager. She is really friendly and approachable but has made it clear what she expects from us and this gives us the feeling that the leadership the home has previously lacked has finally arrived and many of us are really happy with the strong leadership she has shown."

We were told by staff, "The new manager is really good, firm but fair and really lovely if you need to ask for something." Staff also commented, "We get a lot more help, more structure on shifts" and "We have been allowed by the new manager, as a team, to work out the best way to do things to make sure the shift runs well". Staff meetings were being held to provide an opportunity for open communication and discussion. Staff said they felt their views were listened to and their work was valued by the new management team.

During their short time in post the manager had made significant improvements in how the service was managed on a day to day basis and improving the overall culture within the home to be more open and focused on team work.

The service had on display in the reception area of their premises and on their website their last CQC rating, where people could see it. This has been a legal requirement since 1 April 2015.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered provider had not made sure that medicines kept for people who lived in the home were being safely managed and accurate records were not being kept.
Treatment of disease, disorder or injury	
	Regulation 12 (2) (g)