

Care UK Community Partnerships Ltd

Priors House

Inspection report

Old Milverton Lane
Blackdown
Leamington Spa
Warwickshire
CV32 6RW

Date of inspection visit:
29 October 2019

Date of publication:
16 December 2019

Website: www.careuk.com

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Priors House is registered to provide accommodation, nursing and personal care for up to 80 older people, including people living with dementia. At the time of our inspection visit there were 62 people living at the home. Care is provided across two floors. Each floor had two units, each with its own communal lounge and dining room. Ground floor units provided residential and dementia care. First floor units provided nursing care. Everyone's bedrooms were en-suite and each unit had communal bathroom facilities.

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

The registered manager and staff team understood the importance of promoting lifestyle opportunities, events and activities that are specifically tailored to people's needs, aspirations and life experiences. The management and staff continually reviewed and improved ways of linking in with local connections. They understood how family values were important to those in their care. This approach continued through providing end of life care which remained respectful and sensitive to people's and families wishes. An annual memorial had been introduced to remember and celebrate people who used to live at the home which we were told, gave relatives comfort and helped them remember times of happiness. Community links included health care professionals which continued to be developed which helped support good outcomes for people.

People told us they felt safe living at Priors House. Staff knew how to protect people from poor and abusive practice. Safe staffing levels across the home ensured people received support when needed. Agency staff use continued to be used to support permanent staff whilst plans for recruitment continued. Staff followed safe principles for infection control and their training and practice meant the potential of cross infection were kept to a minimum. People received their medicines safely from trained staff. However, we have made a recommendation about the management of some medicines.

Staff were confident in their abilities because their training and development needs were supported by the provider. Staff training included refresher training alongside an induction for new staff. One to one supervision meetings; observed practice and regular staff meetings gave staff the opportunity to share feedback and to discuss development opportunities.

People told us staff were kind, caring and respectful in how they lived their lives and, in the choices, they made. People said management were effective; they listened and acted on feedback to help drive standards within the home. People had individual care plans and assessments that met their health and social needs. People were supported by nursing and care staff and on occasions, other health care professionals were involved to maintain their health and wellbeing.

The management team remained consistent and they demonstrated a good understanding of their managerial responsibilities to ensure people received care to the standards people expected. The majority of people gave us positive feedback about the service and felt comfortable raising concerns knowing they

would be dealt with. A programme of local and provider audits and checks made sure actions were taken when improvements were identified. However, we found one continuing theme identified in the provider's audits which the registered manager assured us they would address promptly.

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

Rating at last inspection and update

The last rating for this service was Good (published 19 May 2017).

Why we inspected

This was a planned inspection based on the previous rating

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Priors House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On 29 October 2019 three inspectors carried out this inspection visit and one specialist advisor. The specialist advisor was a nurse experienced in supporting older people.

Service and service type

Priors House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the provider, information received from the public and health agencies and the local authority. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people and three visiting relatives to get their experiences of what it was like living at

Priors House. We spoke with one nurse, two team leaders, four care staff and two lifestyle support staff. We also spoke with the registered manager, a regional manager and a regional operations director.

We reviewed a range of records related to people's care such as care plans, risk assessments and daily records. We reviewed provider records related to the management of the service, audits, complaints, evidence of activities people were involved in as well as how people's feedback led to providing good care outcomes.

Is the service safe?

Our findings

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

Assessing risk, safety monitoring and management

- Individual risk assessments were followed by staff to help mitigate risks, for example, safely transferring people or regularly re-positioning people to minimise skin breakdown. Staff knew what to do to keep people's exposure to known risks reduced.
- Environmental, health and safety, fire and water control checks were completed regularly. Plans of care included a persons' personal evacuation plan in case the emergency services needed to support people in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "There are vulnerable people like myself, but I don't feel at all worried."
- Staff knew how to protect people from abuse and poor practice. Staff said they would inform the management team and social services if poor practice was suspected. Staff were confident their concerns would be treated seriously and investigated.
- The registered manager was clear about their responsibilities. The registered manager had referred allegations of suspected safeguarding concerns to us and the local authority for further investigation.

Staffing and recruitment

- People said there were enough staff. We saw staff constantly checking on people, having time to talk with people and to assist them with moving throughout the home. Staff said they had time to support everyone at their own pace and to support people who needed closer supervision.
- The registered manager regularly assessed people's dependencies and changing health conditions which helped them to continue to provide safe staffing levels.
- The registered manager said all new staff continued to have pre-employment checks before they commenced work. The registered manager said they had no concerns about staff performance or conduct.

Using medicines safely

- Medicines were stored and administered safely and records we checked, showed staff had correctly signed medicines administration records when medicines had been given.
 - As and when required medicines were administered in conjunction with safe protocols that explained when to give these medicines, why and maximum dosages.
- Staff had become used to the EMAR system (electronic recording of medicines) which was introduced a few months ago. However, some patch medicines were not always applied in line with manufacturers guidelines, or records kept to show where they were last applied. We recommended the provider considered current guidance on administering pain relief patch medicines and to take prompt action to update their practice accordingly. Following our visit, the registered manager said actions had been taken to record this.

Preventing and controlling infection

- People were very happy with the levels of cleanliness within the home. Comments included: "Everybody who comes to see me always say how nice and clean the place is and it doesn't smell" and, "I would say they are very good with their cleaning strategy, they certainly leave no stone unturned."
- Staff told us that they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection. One staff member explained how they increased infection control measures when an infection outbreak had occurred.
- Communal bathrooms had liquid soap and paper towels so visitors could maintain safe hand washing and hygiene practices.

Learning lessons when things go wrong

- The registered manager knew what to do to investigate any issues and to learn from them. For example, they recorded and monitored incidents and accidents, medicines and infection control. The registered manager said they reviewed this information to see what could be done, to prevent further reoccurrence if a poor outcome was found.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people required authorisations to be made under the Deprivation of Liberty Safeguards these were completed and followed. The home had some restrictions of entry or exit of the home or other areas such as corridors or other units.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs before they started using the service. These pre-assessments created plans of care for staff to follow. Assessments included people's care needs, life histories and individual preferences and life style choices. This ensured people's needs could be met and protected characteristics under the Equality Act 2010 were considered. This ensured staff would be able to meet people's needs effectively.

Staff skills, knowledge and experience

- People were confident staff had the skills and knowledge to meet their needs. One person told us, "I think they are pretty proficient and professional at what they do."
- Staff said they were trained to meet people's physical, health and emotional needs. Staff told us the mixture of online training and practical 'hands on' training worked well for them. Staff said they knew how to support people who had a variety of emotional and physical health needs.

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

- People's nutritional and hydration needs were met. People were offered two choices of main meals. Regular drinks were provided throughout the day. Snack bars provided people with snacks so they could help themselves. A staff member said if someone's intake was being monitored or encouraged, they knew what to do to encourage more, or to persuade the person to have a healthier option, such as fruit.
- Mealtime experiences on both floors were well organised. People were relaxed and enjoyed this occasion.

Where people lacked capacity to make an informed choice, plated meals were shown to them to help them make a visual and sensory choice. One person told us, "I wasn't very happy with something so I went down and saw the chef and he asked what I would like to eat and he changed it."

- Food and fluid charts were routinely recorded however the completion and accuracy needed improvement. Incomplete food and fluid recording had been identified through previous audits but continued. In some cases, daily checks were introduced but some days there was no record of checks being completed. The registered manager agreed to remind staff of the importance of accurate records.

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

- People were supported to access health professionals when they needed it. For people reaching or at end of life, health professionals were involved, including GP's, speech and language therapists, hospice support and support from the Alzheimer's society.

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

- Each person had their own bedroom where they could spend time in private, with family or friends. All rooms were ensuite. Some rooms could be reorganised so couples could be next to each other to share a room for sleeping and have a separate room as a living area.
- Communal areas throughout the home provided space for group activities and conversations, but quieter seated areas were available if people preferred. The cinema room was used to show films, but also to provide space for exercise classes and other physical game pursuits.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were respected and valued as individuals; and empowered as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us staff had a caring attitude and were friendly and approachable. Comments included: "They (staff) are very caring people" and, "Some of them are absolutely super, my best pals. I have great fun with them, the ones I know well and see a lot of."
- People said staff were responsive and attentive to their needs. One person told us, "It is perfect. I have been here a long time and I have been very happy here. It is just the place, it is lovely. They look after us so well and we don't want for anything." Another person said, "I find I am very well looked after and anything I want, I just have to ask the staff and they do their utmost to satisfy me."
- One person told us how reassuring staff were when they were upset or anxious. They told us of a time when they had a small mishap and said, "The member of staff said, 'it happens to everybody, don't you worry about it'."
- When we asked one person if they could tell us of a time when staff had made their day better they responded, "It happens every day, but I can't put my finger on a specific thing."
- When supporting people, we saw staff worked at people's pace so people did not feel rushed. We saw one staff member helping a person to eat. They concentrated on the person completely, so they knew when the person was ready for the next mouthful. The staff member did not overload the spoon and spoke quietly to the person to maintain their attention. At the end they gently wiped the person's mouth with a napkin.
- Relatives and visitors told us the caring approach of staff extended to them which meant they felt welcomed when they visited the home. One visitor told us, "I think it is great, everybody is so friendly. I have been coming here nearly every week and people know me. We always get a cup of tea, there are cake and biscuits and you can just help yourself which is lovely for visitors."
- Pets and animals were welcomed into the home. One visitor had brought their dog in to visit a person which by their reactions they clearly enjoyed.
- Everyone who lived in the home received a gift from the provider at Christmas so that those who had no family felt involved and valued.

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

- People told us they were encouraged to share their views and opinions about the service provided. One person told us, "They will have meetings and find out how happy you are and if you need anything."
- People's individual preferences were supported when they received personal care from staff. For example, some people preferred personal care from staff of the same gender and the provider respected these choices.
- Support from local LGBT support services and the Alzheimer's Society promoted 'breaking down barriers'

to help promote respectful relationships. A board type game although not yet trialled, was to be used to help people and staff discuss relationships and intimacy within the home.

- The provider valued people's opinions about the staff who supported them. Some people were involved in the interviewing and recruitment of potential new staff.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be independent where this was possible. Individual care plans explained the levels of support each person needed and what aspects of their care they could complete themselves, or with encouragement.

- People told us staff were respectful of their privacy and dignity. Our observations confirmed this. Staff were respectful and discrete when talking with people and ensured people understood the support being offered.

- We saw staff had taken time and effort to support people with their personal care and appearance. People were dressed in a way that reflected their own individuality.

- One visitor told us how the effort staff made to maintain a clean and welcoming environment demonstrated how staff respected people. They told us, "You just have to look in the dining room and see how the tables are made up. They take a real pride in what they do. I think this is the best home in the district."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs;

- Activities, engagement and personalising support towards people's interests was a key strength of the service. Photographic evidence showed people had accomplished things they did not always think possible. Staff achieved this by using creative ways to make people's dreams and aspirations come true.
- The registered manager and staff encouraged people to create individual 'wish lists'. For example, one person spent most of their years in another part of the country. Working with the person, staff organised a mini bus trip for this person to return to an area that was very important to them as a child. We were shown a video made of this trip. The video showed this person directing the driver as they could still remember familiar roads and routes. Once there, they and staff ate fish and chips and the person said they were the best ever.
- Staff arranged for one person to revisit their former employer. Their former employer welcomed them, and they both shared their experiences of what it was like for them many years ago, and how technologies now had transformed their past employment. The registered manager said the person's experience was exceptionally positive for them.
- In another example, staff arranged for a family to take their relative to a favourite seaside place that evoked happy childhood memories for them all. Photographs showed them enjoying a sunny day on the beach. These examples demonstrated the lengths the staff team went to, to help ensure people's wider interests were meaningful to them. It was evident the culture supported a person-centred approach.
- A lifestyle lead responsible for activities and interests said knowing the person and what their interests were then and now, helped shape what they did and we look to see how we can achieve this. They told us, "We look at positive risk taking to help people achieve."
- People were encouraged to remain active within the local community. We saw people involved in raising funds and supporting national and local charities. For example, collections of clothing had been made for a local charity supporting the homeless.
- Staff understood what was important to people and how some events were important in their own personal calendar. One person who had links to the armed forces was asked if they would like to attend the Remembrance Sunday service in the local town. The local funeral directors were providing cars to transport people to the service.
- Staff supported people to celebrate personal events. For example, staff had enabled one person to have a party with their family and friends to celebrate their birthday and their wedding anniversary. Another person told us their family had come to the home the day before for a meal to celebrate their birthday and said,

"That was special." Photographs of people's enjoyment of these visits demonstrated the positive impact it had on their well-being.

- During our visit, staff and the home were preparing for Halloween. One staff member on leave brought their child to join in. Many families of those living at the home brought young children to take part in trick or treat. People living at the home had been asked if they wanted to participate to give the children a treat. This gave a real sense of family values bringing families together.
- Some people living at the home enjoyed entertaining others which was encouraged. Some people played musical instruments or who danced, helped others enjoy this and in some cases, got people participating and learning new skills.
- People were encouraged to meet new people from other homes run by the provider. This helped people to form new friendships and provided an opportunity for new experiences. One person said, "I have made a lot of friends." Some people had recently visited another home to share their Battle of Britain celebrations and others had enjoyed a barbeque at another home.
- The registered manager had established a pen pal scheme with people from a home in another part of the country. People wrote an introductory letter about themselves which was used to match them with people with similar interests. The scheme not only reduced social isolation but maintained people's cognitive skills in writing the letters.
- One person told us how a staff member through dedication and their free time went the extra mile to help them to find a long-lost friend. In a newsletter, this person said, '[staff name] has been a wonderful friend to me, we all love and treasure you'. This staff member's help meant this person and her long-lost friend were now in contact after 60 years.
- The lifestyle lead said helping people participate and achieve was a holistic approach. They said it was not just their responsibility, but every staff member's. To support this, the provider had introduced 'GEM' awards for staff recognition in 'going the extra mile'. Staff were nominated by people, relatives, each other and management. Some of these winners supported people to achieve their wishes described above. The regional operations director said this was a way for the provider to acknowledge excellence in their staff which helped promote excellent care outcomes for people.

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

- The registered manager recognised some people due to their dementia or physical frailty did not experience the full benefits of group activities. They told us they planned to introduce Namaste Care to the home which focuses on engaging the senses and is particularly beneficial for people with reduced verbal communication.
- Some signs on doors indicated people had limited senses, such as vision. Signs said for staff to say their name before they entered people's rooms. A call alarm bell was printed in large text with 'call me'. Thought had been given to make this more eye catching so they were able to easily locate their alarm.

Improving care quality in response to complaints or concerns

- People knew who to share concerns with if they were dissatisfied. Staff's approach looked for people's actions or signs that may indicate if a person was unhappy. We saw staff checking people were okay to help prevent any concerns escalating.
- The registered manager said they had one complaint in the last 12 months. This had been investigated and responded to.

End of life care and support

- At the time of our visit, two people received end of life care. People's wishes in how they wanted to be cared for, where known and followed. Support included making sure people remained as comfortable as possible and any anticipatory medicines were in place.
- People and their relatives were encouraged to develop an end of life care plan that captured their wishes for how they wanted to live their last days and hours. These plans included people's religious or spiritual needs.
- The provider developed a short guide to support relatives to cope following the death of a family member. This not only covered the practical aspects such as dealing with the legal formalities, but also provided guidance on the emotional impact of coping with grief. Information about other organisations who could provide support at this time was included within the guide.
- The provider recently held a 'Remembrance Service' for the relatives and friends of people who had passed away at Priors House in the previous 12 months. The registered manager explained that the service had provided an opportunity for people to remember together and return to the home where people had lived at the end of their life. They planned to make this an annual event.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People were pleased with the service they received. One person said, "It is perfect...it is just the place, it is lovely. They look after us so well and we don't want for anything." Another person said, "I am very satisfied with the place and look forward to each day."
- The provider's systems and audit processes were completed and where improvement actions were identified, actions were taken.
- For some checks, there was limited evidence to show us, what actions had been taken when improvements had been identified. For example, we found two internal provider regulatory compliance audits completed in January 2019 and April 2019 which identified shortfalls in food and fluid recording. Daily walk around checks was also a check to ensure food and fluid records were completed. At this visit we found similar issues remained and some daily checks had not been recorded to say they were completed.
- We discussed this with the registered manager who agreed to take action to improve.
- We found medicines management checks had not identified the lack of body map reporting on their electronic system to make it clear, where patch medicines were applied. Following our visit, the registered manager confirmed actions had been taken to address this.
- The registered manager told us they employed the right staff, for the right reasons. Recruitment continued to be a priority, but they explained they remained focussed on getting the right staff. They said this helped them to provide people with high standards of care.
- The registered manager understood their responsibilities. They had sent us statutory notifications for notifiable incidents and had displayed their ratings in their office.

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

- The registered manager told us they wanted to deliver an outstanding service and continually reviewed and evaluated the service. This involved encouraging people to share their opinions through regular meetings and daily interactions. Where improvements or suggestions were given, these were implemented.
- Everyone said the registered manager was available if needed because they had an open-door policy. The registered manager held planned resident and relative meetings as an additional way of obtaining people's feedback, but also keeping people informed.
- The registered manager held staff meetings which encouraged good communication between staff and management. This was one way to share good practice and learning.
- Staff said they could raise any concerns or suggestions. Staff spoke positively about the registered

manager. Through the management of the home, one staff member said, "We all work well together."

Continuous learning and improving care

- The provider learnt from other inspections across other homes.
- Internal newsletters shared good practice ideas.
- The registered manager saw our inspection as a positive and valued the feedback we gave. Following our feedback at the visit about patch medicines, the registered manager has strengthened their systems and through investigation, identified their system needed improving. The registered manager told us following the visit, this was being rolled out across all the other homes.

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

- The improvements to people accessing personalised hobbies and interests helped demonstrate how people were involved to create an environment of care that was focussed on enriching people's experiences. Using a 'wishing tree' enabled people to say what they wanted to do. Some people attended concerts, watching football or taking up an interest in bird spotting.

Working in partnership with others

- Strong local community links were established with local schools, organisations and charities.
- The provider worked with health professionals and organisations such Alzheimer's Society, LGBT support groups, Speech and Language Therapists, local clinical commissioning groups, safeguarding teams and GP surgeries to improve people's access to care and to help promote good care outcomes. Our discussions with people, staff and the registered manager showed Priors House was respected within the health community.