

Priory Grange Care Home Limited

Priory Grange Care Home Limited

Inspection report

Hessle Road
Hull
Humberside
HU4 7BA

Tel: 01482504222

Date of inspection visit:
12 April 2023

Date of publication:
28 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Priory Grange Care Home Limited is a residential care home providing personal care for up to 41 older people who may be living with dementia. The service was supporting 33 people at the time of our inspection.

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

Since the last inspection, the provider improved the quality of care records, in relation to people's safety. Care records contained information about people's needs and risks. People's preferences and choices were considered and reflected within records. There were enough staff to meet people's needs, staffing levels had improved at night to meet people's individual needs.

Improvements to the environment had been made to ensure effective infection prevention control.

Medicines were managed safely. Staff received training and competency checks in relation to medicines.

Staff demonstrated a good level of understanding in relation to safeguarding. Appropriate referrals to the local safeguarding team had been made.

People and their relatives were involved in the service. Care was planned around people's choices and preferred routines.

People and relatives said they felt the service was safe and that people were well supported and received good quality care. The registered manager and provider were responsive to feedback and committed to improving the service. The culture of the service was open, and people felt able to raise concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 requires improvement (published 22 September 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider continued to review and audit record keeping relating to the safe management of medicines. At this inspection we found improvements had been embedded in the service, to ensure effective auditing and record keeping in relation to the safe management of medicines.

This service has been in Special Measures since 11 June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 14 July 2021 and 19 July 2021. Breaches of legal requirements were found. The provider completed an action plan after the inspection to show what they would do and by when to improve the safety of the care and treatment, the premises and equipment, staffing levels and their governance arrangements.

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

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Priory Grange Care Home Limited

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Priory Grange Care Home Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Priory Grange Care Home Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return before 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.

During the inspection

We spoke with 6 people who used the service and 4 people's relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, deputy manager, a management consultant, maintenance worker, team leader and care workers.

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

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, the provider had failed to ensure there were enough staff to meet people's needs. Staff had not been properly inducted before starting work. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Appropriate staffing levels were in place to meet the needs of people in the service.
- The provider used a staffing and dependency tool for guidance on the number of staff required. The provider increased staffing levels at night to ensure people were supported safely.
- The registered manager had robust oversight of staff rotas which showed planned staffing levels were being achieved.
- Staff told us they felt there were enough staff to meet people's needs. One staff member told us, "I feel there is enough staff, there is always a team leader who is floating between floors to help with cares if needed and the management will help too if we need them."
- People told us that they did not have to wait for support from staff. We observed staff assisting people and delivering care in a timely manner.
- Safe recruitment practices ensured staff were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection, the provider had failed to ensure the environment was clean, safe and well maintained. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The provider had made improvements within the service. Window opening restrictors were now in place to minimise the risk of people falling from height. Regular legionella checks were completed to reduce the risk of people being exposed to legionella bacteria and an additional member of cleaning staff had been employed to ensure infection prevention and control risks were effectively managed.
- The provider had completed the renovation and redecoration of the service. Carpets had been replaced

with wood flooring in communal areas and flooring replaced in toilets and bathrooms to support effective cleaning.

- Risk assessments provided guidance for staff on how to safely support people to maximise their independence whilst minimising risks. Staff were knowledgeable about risks associated with people's care.
- The registered manager sought advice from relevant healthcare professionals when making decisions about how to provide safe care for people. This meant the support given by staff was appropriate and safe for people living in the service.

Visiting in care homes

- Visiting was carried out in line with current government guidance.

Using medicines safely

At our last inspection we recommended the provider continued to review and audit record keeping relating to the safe management of people's medicines.

At this inspection improvements had been made.

- Medicines were managed safely.
- Audits had been used effectively to help monitor and make sure medicines were managed safely.
- Staff completed training to administer medicines and their competency was checked.
- Guidance for staff to safely and consistently administer medicines prescribed 'as required' was in place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- People felt safe. One person said, "I feel very safe here. The staff are great and really look after me."
- Staff were aware of the signs of abuse and how to report any safeguarding concerns. They were confident the manager would address any concerns reported to them and make the required referrals.
- The registered manager was transparent in reporting any issues or concerns to the local authority's safeguarding team. This helped to safeguard people from the risk of abuse or neglect.
- The provider analysed accidents and incidents to identify any patterns or trends and to support improvement of care.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider's audits and governance arrangements had failed to ensure people received safe high-quality care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Improvements had been made to the provider's quality assurance system since our last inspection. Robust oversight of the safety and quality of the service was now in place with the implementation of regular audits which had improved the general oversight of the service.
- The registered manager was aware of their role and responsibilities and kept up to date with best practice.
- The registered manager and staff were committed to making continuous improvements to ensure people were safe and happy with the service they received.
- The registered manager was aware of their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service.
- The provider and registered manager analysed accidents, incidents, complaints and concerns to drive improvements within the service.

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

- The culture of the service had benefitted from improvements made by the provider and the registered manager. The experiences of staff and people using the service that were shared with us demonstrated that the changes made had a positive impact on the wellbeing of all who worked at and used the service.
- People told us the service was well-led. One person said, "The registered manager and staff are brilliant, they respect me and ask me what I would like help with and what I would like to do."
- The registered manager had an open-door policy and people and staff said they could go to the manager any time if they needed.

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

- The provider had appropriately notified agencies of all incidents.
- The provider dealt with complaints appropriately and in a timely manner, ensuring people were kept up to date with any findings.
- The registered manager was open and honest with people and informed relatives when accidents and incidents had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- A culture of high quality, person-centred care had been embedded in the service which valued and respected people's rights.
- People, their relatives and professionals were sent questionnaires to request their views and wishes in relation to the service and the care given. Feedback given was positive and was used to improve the service where needed.
- People and their relatives spoke positively about how the service was managed. One relative said, "The manager is really approachable and always willing to have a chat with you, I can go to them with any issue, and they will sort it."
- The registered manager and staff worked collaboratively with other agencies to coordinate the care and support people needed.