

Priory Park Care Ltd

# Priory Park Care Home

## Inspection report

Priory Crescent  
Penwortham  
Preston  
Lancashire  
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Tel: 01772742248

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### 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Priory Park is a care home providing accommodation for up to 40 older people, including people living with dementia. At the time of the inspection there were 27 people living at the home.

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

The service was safe. Medicines were well managed, and staff told us they were confident giving people medicines. Staff were aware of how to identify and report safeguarding concerns. Staff followed infection control procedures, one person told us, "When we visit, we feel safe knowing procedures are in place". Staff were able to tell us about the risks to people and knew how support people to minimise the risks.

The service was effective. 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. People were involved in their care planning. Staff told us that they received training and felt supported in their role. One staff member said, "I am supported from the minute I had the interview I felt welcome."

The service was caring. People told us that the staff treated them with kindness and respect. One person said, "The staff are so patient they take time and really understand my relative's needs." Staff were aware of how to protect people's privacy and dignity and people told us that the staff did this well. People felt supported to make decisions about their daily lives.

The service was responsive. People told us they knew how to complain and there was a policy and procedure in place. One person told us, "The manager is very approachable and listens and actions everything." Staff had received training in end of life care. Staff were aware of people's communication needs and how best to support them. There was an activities coordinator who offered a number of activities to support people's well-being.

The service was well led. People told us the service was well managed, one person told us, "The manager is very approachable and makes us feel very at ease when talking to her". Staff told us staff meetings took place and were used as a forum to share information. There was a positive staff culture. We found the management team receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested in a timely manner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was inadequate, published on 10 December 2019. This is the first comprehensive inspection under the new provider.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The last inspection was a targeted inspection where we found some concerns.

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

We carried out an unannounced targeted inspection of this service on 27 November 2020. Breaches of legal requirements were found in safe care and treatment and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements. During this inspection we found that improvements had been made and the service were no longer in breach of any regulations.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Priory Park Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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 two 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.

#### Service and service type

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.

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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We carried out a visual inspection of communal areas in the home.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

During this inspection we checked if the provider had met the requirements of the warning notice we previously served.

### Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to controlling the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider consider current guidance on promoting effective whistleblowing practices in the home. The provider had made improvements.

- The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to demonstrate their knowledge. People told us they felt safe with the staff.
- Management and staff understood how to safeguard people and were clear about when to report incidents and safeguarding concerns to other agencies. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice.
- Staff were aware of the whistleblowing policy and how to raise any concerns they had. We saw that information was displayed around safeguarding and whistleblowing for staff to access.

#### Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks such as the risk of falling and nutritional needs. Staff were provided with guidance on how to keep people safe. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to.
- The registered provider had processes to provide a safe, secure, environment for people, visitors and staff. A range of checks were carried out on a regular basis to ensure the safety of the property and equipment was maintained. These checks included fire alarm, water temperature and electrical appliance checks.

#### Staffing and recruitment

- Recruitment was safe. Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them.
- The registered manager made sure there were enough staff to meet people's needs in a timely way and in line with their care plan. People and their relatives told us there were enough staff to meet their needs.

#### Using medicines safely

- Medicines were managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out.
- People spoken with said their medicines were well managed. Management completed checks and identified and acted on areas for improvements.

#### Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. Managers and staff were aware of and fulfilled their responsibility to report and record, accidents and incidents. Where lessons had been learned these were shared throughout the staff team.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider consider current guidance on supporting people with their oral hygiene and take action to update their practice accordingly. The provider had made improvements.

- People received safe and effective care which met their needs. The registered manager completed initial assessments and devised care plans. Staff used these to guide them on how best to support people.
- The provider had policies and procedures for staff to follow which reflected relevant local and national legislation, guidance and CQC regulations.
- People's rights were protected. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their role effectively. New staff were given an induction programme to ensure they could carry out their role safely and competently. One staff member told us, "The induction has been fantastic everyone has been so friendly and informative."
- People spoke positively about the care staff who supported them and felt staff had the skills to meet their needs.
- Staff told us they were provided with opportunities to discuss their responsibilities, concerns and to develop their role. They were complimentary about the support they received from the registered manager. One person said, "Management have been nothing but supportive. It is a really good place to work and I miss it when I am not in."

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

- People's nutritional needs had been considered. Records documented people's likes and dislikes and identified any associated risks with eating and drinking.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals as needed.

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

- The registered manager and staff provided appropriate support to meet people's healthcare needs. People's physical and mental healthcare needs were documented which helped staff recognise any signs of

deteriorating health.

- Staff worked closely with social and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

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

- The registered provider ensured the design and layout of the service was suitable for people living there. Communal areas were comfortable and homely; bathrooms were suitably equipped. The registered manager informed us there were plans in place for some improvements around the service.
- We observed people were relaxed and comfortable in the service. People had been supported to personalise their bedrooms with their own belongings, such as family photographs, ornaments and soft furnishings. We discussed the placement of items in people's bedrooms with the registered manager who agreed to look into this for people who could not always see their photographs.

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.

- People were asked to consent to their care where appropriate. We spoke to staff about their understanding of MCA and were assured by their knowledge. We saw DoLS had been applied for where required.
- Mental capacity assessments had been undertaken and best interest decisions had been completed, documentation was completed and included the views of people involved in the decision-making process.
- Staff we spoke with were passionate about promoting independence, choice and control for the residents.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with respect, compassion and kindness. People were complimentary about the attitude and kindness of staff. One person told us, "The staff show genuine kindness, respect and dignity not just to the residents but to visitors as well they make you feel welcome."
- Staff and people using the service had developed good relationships. Staff knew about people's preferences and how best to support them. One person told us, "When we visit, they tell us little funny remarks our loved one has said which makes us laugh and smile".

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

- The service supported people to make choices in their daily lives. Staff said they had time to talk with and listen to people.
- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations, monthly review meetings and resident surveys. Information around the service and regular newsletters helped keep people informed.
- There was information available for people about how to access local advocacy services, should they want to. Advocates are independent people who provide support for those who may require some assistance to express their views. Advocacy services help to ensure people's rights to make decisions about their care and support were promoted.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff respected and promoted people's privacy, dignity and independence.
- Staff encouraged people to maintain their independence whenever possible. One person told us, "Since moving to Priory Park my loved one's quality of life has improved beyond words".
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care, which met their changing needs. Care plans were devised in partnership with the residents and their families. Care records were regularly reviewed. One person told us, "As a family we feel so involved we were asked to contribute to the care plan".
- The registered manager and staff recognised the importance of supporting people on an individual basis. One relative told us, "The staff go above and beyond they look at the individual not the situation.". Staff understood the importance of promoting equality and diversity and respecting individual differences.
- One relative told us how the staff have worked with their loved one around mealtimes and have introduced pretend money so that they can pay for the meals and this has had a positive impact for them.

Meeting people's communication needs

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 and staff understood about the AIS. People's communication needs were identified and recorded in their care plans and shared appropriately with others. Staff communicated and engaged with people, using ways best suited to their individual needs and preferences.

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

- People were supported to follow their interests and there was an activities co-ordinator at the service. Recent activities included an external theatre production company who performed a pantomime for residents.
- We observed a "wish tree" at the service which was made from twigs collected from the local park. Residents were able to add any wish they may have, and the registered manager was working her way through granting these. We were informed about some wishes which had been granted for residents. Examples included horses coming to visit the service and peoples favourite take away meals being delivered.

Improving care quality in response to complaints or concerns

- There was a procedure in place to deal with any complaints. The service had not had a formal complaint raised. Other concerns were noted and had been fully investigated by the registered manager.
- Relatives told us they had no complaints or concerns. People were encouraged to discuss any concerns

during meetings and during day to day discussions. They also participated in a satisfaction survey where they could air their views about all aspects of the service.

#### End of life care and support

- Staff had undergone training with a local hospice and understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so.
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded, where possible.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

At our last inspection the providers systems had failed to assess and improve services provided in the carrying on of the regulated activity. 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.

- Systems were in place which continuously assessed and monitored the quality of the service. The audits completed had highlighted areas for improvement and action plans had been devised. The registered manager used systems efficiently to ensure a good oversight of the service.
- The management team and staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety and security. There was a clear vision and plan to deliver high quality care and support at the service. Staff were aware and involved in this vision and the values shared.
- One relative told us, "The manager is approachable and is an asset to the place, honest and transparent".

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

- There was a positive culture at the service which focussed on providing people with high standards of care. Management and staff knew people well and empowered people to make decisions about their care and support. Staff told us they felt supported and valued by the management team. One staff member told us, "I am really proud of what we have achieved as a team".
- Management had the skills and knowledge to lead effectively, they were well respected by the staff team. The leadership was visible and inspired the staff team to provide a quality service.
- Staff told us that morale was good. The registered manager holds a weekly staff raffle and all the staff receive a free ticket and they can win prizes.

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

- The registered manager and registered provider understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family

members.

- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one to one support sessions.

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

- People felt they were listened to. People were encouraged to be involved in the development of the service and feedback was sought from people living in and visiting the home. Staff and management meetings took place regularly and were open forums for information to be shared.
- The registered provider monitored the quality of the service to ensure people were happy and to ensure their diversity and personal and cultural needs were met.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence.

Continuous learning and improving care

- Staff meetings, supervision sessions and handover meetings were used to ensure continuous learning and improvements took place.
- The registered manager had implemented a staff 'Friday feedback' box. Staff use this to post feedback forms with suggestions or information on how continuous improvements can be made to improve resident and staff experience at Priory Park. Staff told us that this tool was effective and that changes have resulted from their suggestions which have had a positive impact to the residents and staff.

Working in partnership with others

- The registered manager kept up to date with current good practice guidelines by attending meetings at which they shared learning and discussed new developments in care.
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's, pharmacists and community nurses. One professional said, "Management and the staff are always very knowledgeable of the residents, are happy to help and are welcoming".