Priority Care Home Limited

Priority Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Priority Care Home is a residential care home providing personal care to up to 37 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 25 people using the service. Accommodation is provided in one adapted building with lift access between the three floors.

People's experience of using this service and what we found
People were not always safe. People were at risk of harm as the provider had not identified, assessed or mitigated risks. Medicines were not managed safely. Recruitment processes were not robust in checking people were safe and suitable to work in the service. Care records did not fully reflect people's needs.

Governance systems and processes were not robust as they failed to identify shortfalls and drive improvement.

People were happy with the care they received and spoke positively about the staff who supported them. People were treated with respect and their privacy and dignity was maintained. Staff interactions were kind and caring. People enjoyed the wide variety of activities and events provided which they had been involved in planning. People were supported to keep in touch with family and friends.

People's nutritional needs were met. People had access to healthcare services

The home was clean and spacious; decorated and furnished to a very high standard incorporating aids and adaptations to assist people living with dementia. There were enough staff to meet people needs and staffing levels were kept under review. Staff received the training and support they required to meet people's needs.

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.

The registered manager and provider were responsive to the inspection findings and responded during and after the inspection to address the issues we found. They shared updates about the action they were taking and provided detailed action plans.

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

Rating at last inspection
This service was registered with us on 30 July 2021 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about pressure area care. A decision was made for us to inspect and examine those risks.

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.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, recruitment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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? The service was not safe. Details are in our safe findings below.	**Inadequate**
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 not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Priority 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 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
Two inspectors carried out this inspection.

Service and service type
Priority Care Home 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. Priority Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection
This inspection was unannounced. Inspection activity started on 14 September 2022 and ended on 30 September 2022. We visited the service on 14 and 22 September 2022.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spent time with people in the communal areas observing the care and support provided by staff. We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with the nominated individual and eight members of staff including the registered manager, senior care workers, care workers, the activity organiser and the cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and eight people's medicine records. We looked at three staff recruitment files. A variety of records relating to the management of the service were reviewed.

Inadequate

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 of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not managed safely.
- Medicines were not always stored safely and securely. Prescribed creams were stored in people's bedrooms, including one cream which required refrigeration.
- Systems for administering prescribed creams were not safe. Senior staff signed the medicine administration records (MARs) confirming application however they had not applied the creams.
- Protocols were not always available for 'as required' medicines and those that were in place were not always accurate. No reasons for administration were recorded when 'as required' sedative medicines had been given.
- Medicines were not always administered as prescribed. One person was prescribed a medicine to be given with a 12 hour gap between doses. Records showed this had been given with a gap of only 11 hours. Another person had been given pain relief medicine three hours after a previous dose, when a four hour gap was required between doses.
- MARs did not accurately record the time medicines had been administered. We saw MARs had been signed by a senior staff member giving the exact same time of administration for numerous people. Recording the incorrect time placed people at risk of harm of receiving their medicines without sufficient time between doses.

Systems were either not in place or robust enough to demonstrate medicines were managed safely. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection and confirmed actions they had and were taking to address these issues.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not assessed, monitored or managed safely. Risk assessments were not always in place where people were at risk of harm. One person had pressure damage but there was no risk assessment or care plan in place to guide staff. Risk assessments for other people were contradictory, for example, one person had conflicting information about the use of bed rails.
- Bed rail risks had not been assessed or managed. Six people had bed rails that did not fit the full length of the bed. No bed rail checks were carried out to ensure people's safety. Where incidents had occurred involving bed rails there had been no review to consider whether the use of rails was a safe option.
- Some people were receiving food supplement drinks because they were at risk of low weight. However, the chef was unaware of this risk or of any person requiring fortified meals.

● Accident and incident reports did not always record clearly what had happened or the circumstances leading up to the incident.
● The provider did not have effective systems for learning lessons and preventing repeat events. Where people were having repeated falls actions had not been taken to review and mitigate the risks. One person had bruising to their hand and arms. Staff thought the injuries were caused by the person hitting the bed rails during the night. They had not considered other options to help reduce the risk of the person being injured.
● Incidents where people were distressed or anxious and posed a risk to others were not always recorded. One person was frequently distressed, but these events were not recorded in daily records or on incident forms. This meant monitoring was not effective and there was no opportunity for learning lessons.

The lack of robust risk management processes meant people were not protected from harm or injury. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection and confirmed actions they had and were taking to address these issues.

● Safety checks of the environment and equipment were up to date. The home was maintained to a very high standard.

Staffing and recruitment
● Recruitment processes were not robust as checks to establish a candidate's fitness for the role were not suitable and sufficient. One staff member had no reference from their last employer, another staff member's character reference was not clear in what capacity the person was known to the referee, nor was it the referee named on their application form. Another staff member's employment history did not reflect information shared in their interview record. Right to work documentation was not evident for two staff, although the provider confirmed this was in place.

Systems were not in place to ensure staff were recruited safely. This placed people at risk of harm. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection and confirmed actions they had and were taking to address these issues.

● There were enough staff to meet people's needs.
● Staffing was regularly reviewed using a dependency tool to ensure safe staffing levels were maintained.
● People told us staff were responsive to their needs. Comments included; "They come quickly when I press my buzzer" and "If I need anything I press this (call bell) and they come"
● We observed staff maintained a presence in the communal areas where most people were gathered but also provided support to those who chose to stay in their rooms.
● Staff said there were enough staff to keep people safe. Although one staff member said, "There could be more staff, it's hard sometimes."

Systems and processes to safeguard people from the risk of abuse
● Systems were in place to protect people from the risk of abuse and harm.
● Staff understood the procedures to follow when concerns were identified.

● Where safeguarding incidents had occurred, referrals had been made to the local authority safeguarding team.
● One person told us they had raised a concern which the registered manager had referred to safeguarding. They said they had been consulted and kept informed by the registered manager and appreciated the way it had been handled.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were somewhat assured that the provider was using PPE effectively and safely. On the first day we saw staff were not wearing masks properly. This had been addressed when we went back on the second day.
● We were assured that the provider was responding effectively to risks and signs of infection.
● 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.

The provider supported family and friends to visit people safely. Relatives said they were welcomed into the home and were happy with the visiting arrangements.

Good

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

- People's needs were assessed before they moved into the service. Assessments were thorough and clearly identified people's needs and preferences.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they required to fulfil their roles.
- New staff said their induction included two days shadowing. This provided them with the information they needed for their role and allowed them to get to know the people they were supporting.
- Staff said their training was kept up to date and this was confirmed by the training matrix.
- Staff received regular supervision and said they felt well supported.

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

- People enjoyed the meals and had pleasant dining experiences. The chef took care when serving meals and ensured food was well presented.
- Staff provided good support and made sure people had plenty to eat and drink. People were asked if they required assistance and were offered additional portions.
- Menus were nutritionally balanced and provided people with a varied choice of meals. A variety of drinks and snacks were provided throughout the day. One person said, "The food is good here and there's plenty of it."

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

- The home was designed to meet people's needs. The whole environment was spacious and deluxe; decorated and furnished to a very high standard. Bathing, toilet and shower facilities were adapted with aids to assist people. Anti-bacterial paint had been used throughout the building to help reduce the spread of infection.
- Special care had been taken to promote the independence of people living with dementia and help them find their way around the home. This had been achieved by specialised lighting which could be adapted throughout the home and the use of different colours and pictures.
- People and relatives spoke highly of the environment. One person said, "It's a beautiful place." A relative said, "We've been very impressed. It's like a hotel." Staff said it was a lovely environment to work in.

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 healthcare services. Care records showed specialist advice was sought and acted upon when required to meet people's health needs and wellbeing. One relative told us how staff had acted promptly when their family member was unwell. They said, "They were on the ball in picking it up and getting [person] checked out."
● District nurses and the community matron visited the home regularly and there was a weekly GP visit.
● A chiropodist visited regularly and the provider was making arrangements for people to access a dentist and optician.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The provider had an effective system to monitor DoLS. This enabled them to keep the progress of applications under review and ensure they were meeting any conditions on DoLS authorisations.
● Mental capacity assessments and best interest decisions (BID) were completed, however these were not decision specific. For example, there were no assessments or BIDs for the use of bed rails. The provider assured us they were taking action to address this.

Good

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 well treated by staff who supported them with warmth and compassion.
- Staff took time to engage with people asking if they were okay and showed genuine interest in their well-being. We saw staff were quick to react when people were distressed or anxious, providing comfort and reassurance.
- People and relatives spoke highly of the staff describing them as 'lovely' and 'very good'. One relative said, "[Staff] sit and listen to [person]. [Person] doesn't say much, is quiet until they get to know you, but [person] loves them [staff] and they love [person]. [Person] feels safe and happy and we are so pleased."

Respecting and promoting people's privacy, dignity and independence
- People were treated with respect and their dignity was maintained.
- People looked well cared for. Staff spent time supporting people to maintain their appearance and individuality. For example, people's clothes were clean and reflected their preferences.
- Staff were discreet when asking people about their personal care needs and ensured any support was provided in private.
- One person told us, "Staff are very nice and always respectful. They treat me like their father."

Supporting people to express their views and be involved in making decisions about their care
- People said staff offered them choices and respected their decisions. One person said, "The staff are very nice and getting to know what I like. I was asked to do flower arranging and said, oh no thank you and they respected that." Another person said, "I am happy with everything. I like black coffee but not wishy washy and they know that."
- People said they were involved in making decisions about their care. One person said, "They always ask me before doing anything."

Requires Improvement

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 requires improvement. This meant people's needs were not always met.

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

- People's care records did not provide sufficient information to inform staff about people's needs and preferences.
- One person who was often emotionally distressed did not have a care plan around how their needs should be met. They often got distressed during the night and did not want to go to bed, but there was no guidance to help staff understand how to support the person.
- Some people who had been at the home several months only had short term care plans which contained very little information. Risk assessments had been completed for one person admitted in June 2022, but no care plans were in place.
- People and relatives were happy with the care provided. One person said, "They look after me well." A relative said, "[Person] is very well looked after. Here he has improved, it is like paradise for him."

The lack of accurate and detailed care records placed people at risk of not receiving the care and support they required. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection and confirmed actions they had and were taking to address these issues.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met.
- Staff who worked in the home spoke different languages and information about this was displayed in the home. Information was also available via flash cards and large print. The provider was considering the use of an electronic care system and hoped this would also offer other options for information to be provided in different formats.

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's social care needs were met.

●The home employed an activity organiser who involved people in planning a wide variety of activities and events. On both days of the inspection we saw people thoroughly enjoying themselves in different activities. The activity organiser was enthusiastic and encouraging and people clearly enjoyed spending time with them.
● On the first day people were watching the tributes to the Queen, playing games and singing karaoke. In the afternoon entertainers visited and had people singing and dancing, followed by a party tea for all in celebration of one person's birthday. On the second day people enjoyed actively participating in a flower arranging session.
● Photos of recent events included a trip to Lister Park, jubilee celebrations, pet therapy, baking and a family car wash day.

Improving care quality in response to complaints or concerns
● Effective systems were in place to manage complaints.
● The complaints procedure was displayed in the home.
● The complaints log showed complaints that had been received and the actions taken to address the concerns.

End of life care and support
● The registered manager told us no one was currently receiving end of life care.
● All staff had received end of life care training. The registered manager was developing an end of life information care pack for people and their families.

Requires Improvement

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care: 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

- We found shortfalls at this inspection with regulatory breaches relating to safe care and treatment and recruitment. These issues had not been identified or addressed through the provider's own governance systems.
- Quality audits were not effective in identifying or securing improvements. For example, medicine audits had not identified any of the issues we found. Care plan audits had been completed on care files we reviewed and had not picked up the issues we found. The monthly analysis of accident and incidents did not consider themes and trends or look at lessons learned.
- Provider visit reports were completed however these failed to identify or resolve the issues we found at the inspection.
- Statutory notifications had not been submitted as required for safeguarding and serious injury incidents. The provider submitted these retrospectively when this was raised during the inspection.
- People's care records were not always accurate and up to date. There were gaps in recording which meant we could not get a clear overview of care delivery and check if people's needs were met. For example, night safety checks record were not in order, some were missing and there were gaps on repositioning charts.

We found systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager responded promptly to our feedback during and after the inspection. They confirmed action they had taken to make improvements.
- Staff spoke positively about the leadership and management of the home. Comments included; "Support from management is as good as 100%. The home manager is available anytime" and "[Registered manager] is very good. She looks after us." Staff said they enjoyed working at the home and said it was a good place to work.

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

characteristics; Working in partnership with others

● People and relatives were happy with the care provided and said they felt involved in decisions about care. Comments included; "I'm very happy with everything. They look after me well"; "There's nothing to improve, it's all good" and "We were very apprehensive about [person] going into a care home, our main concern was [person] being safe. We've been very impressed. We're kept informed of every little thing…any slight mood changes and what they're doing."
● Minutes from residents and staff meetings showed their involvement in making decisions about the running of the home.
● Surveys had been completed by people, relatives and visiting professionals and all gave positive feedback.
● Care records showed the service worked in partnership with health and social care professionals.

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 Medicines were not managed safely and risks to people were not assessed, monitored and mitigated. Regulation 12 (1)(2)(a)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance effective processes were not in place to assess, monitor and mitigate risks to people, to assess, monitor and improve the quality of the service and to maintain accurate and contemporaneous care and treatment records. Regulation 17(1)(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust recruitment processes were not implemented. Regulation 19 (1) (2)