

## Care UK Community Partnerships Ltd

# Priors House

### Inspection report

Old Milverton Lane  
Blackdown  
Leamington Spa  
Warwickshire  
CV32 6RW

Website: [www.careuk.com](http://www.careuk.com)

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Priors House is a residential care home providing personal and nursing care for up to 80 people, including people living with dementia. At the time of our inspection there were 62 people using the service. Priors House consists of 4 separate suites over 2 floors which are separated for people who have nursing needs. There are shared lounges and dining rooms across both floors and a café area in reception.

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

Staff were passionate about working at Priors House and were proud of supporting people to have a good quality of life. Care was person centred and opportunities to help people create new memories were valued and encouraged. Many staff had worked at Priors House for a long time and there was an inclusive culture where everybody was valued. Quality and safety within the home was monitored through regular audits with action plans created to drive improvements and there was a strong culture of learning from incidents. People, relatives, staff and professionals had opportunities to engage and provide feedback on the service. Priors House worked in partnership with health professionals and other organisations to improve people's outcomes and staff had varied opportunities to progress their career. Links were developed with the local community through the provision of dementia awareness raising events and partnerships with a local secondary school.

Staff were trained in recognising and reporting safeguarding concerns and were confident speaking up. People felt safe living at Priors House. Risks around people's clinical needs were assessed and identified and guidance for staff was included in people's care plans. There were enough staff to meet people's needs and staff were recruited safely. Medicines were managed safely and people received their medicines as prescribed. We were assured by infection control practices and there were no restrictions on visiting. Lessons were learned following incidents in the home and shared with the staff team.

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. Staff understood how to promote choice for people. People's needs were assessed before they moved to Priors House. Staff had the knowledge and skills to support people effectively and safely and feedback from people and staff supported this. We received consistently positive feedback about people's enjoyment of their food and people with specialised diets were supported safely and their nutritional intake was monitored. There was effective communication both internally at Priors House and with external health professionals. Weekly ward rounds ensured people's health and wellbeing was checked regularly by a GP and frailty nurse and people were referred to other health professionals when they needed to be. People were encouraged to decorate and furnish their rooms to reflect their life and interests.

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 this service was good (published 17 December 2019).

#### Why we inspected

We received concerns about repositioning for people with skin damage and topical creams with concerns that records were completed without the care being provided. It was also prompted due to concerns regarding manual handling and dementia care. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Priors House on our website at [www.cqc.org.uk](http://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?

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 well-led?

The service was exceptionally well led.

Details are in our well led findings below.

Outstanding ☆

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 3 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

Priors House 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. Priors House is a care home with 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

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return

(PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people and 15 relatives about their experiences of the care provided. We spoke with 18 members of staff including the registered manager, deputy manager, team leader, nursing staff, care staff, the head chef, a second chef, a catering assistant, a hostess, the unit manager and 2 housekeeping staff. We also spoke with 3 visiting health professionals for their feedback on working with Priors House,

We looked at 5 people's care plans, 2 people's initial assessments, daily monitoring records, a variety of medicine records, handover records, meeting minutes and carried out observations. We looked at a range of records relating to the management of the service including environmental checks, quality audits and recruitment files.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We received positive feedback from people about their feelings of safety. One relative said, "When I leave, I know [person] is in the safest place for them." Another relative said, "I know [person] is safe here, that is worth its weight in gold." A person told us, "It's the right place to be, I feel safe and secure."
- Staff were trained in recognising and reporting safeguarding concerns and were confident speaking up. Accessible information on safeguarding ensured staff understood their safeguarding responsibilities.
- Staff understood the importance of reporting any safeguarding concerns or poor practice by other staff members. One staff member told us, "I am not frightened to turn round and say that is not good practice and I would report it to my line manager." Another staff member told us, "If I see something that is not quite right, I would always go and speak to someone about it."
- One staff member told us how they would observe for changes in people's presentation or non verbal signs of concern. The staff member said, "If I were to go in with another staff member and a person appeared uptight and agitated with that staff member, I would query that in case something has happened."
- When safeguarding concerns were identified, they were reported to the local authority and us, CQC.

Assessing risk, safety monitoring and management

- Risks around people's clinical needs were assessed and identified. Care plans informed staff how to mitigate those risks, recognise a deterioration in health and any actions needed in response. This included areas such as skin damage, diabetes, providing nutrition and medicines through a tube inserted into a person's stomach and catheter care.
- Staff had a good understanding of people's risks and knew what action to take to support people safely. This included when people were anxious.
- Staff consistently ensured risks to people were reduced by maintaining a safe environment. For example, by ensuring substances which may be harmful to people were always securely stored.
- Clinical staff used both an electronic and paper diary to ensure important dates for clinical interventions were not missed.
- Staff felt confident risks were managed well because of effective communication and handover of information between shifts. For example, 1 person's mobility had recently reduced due to a health condition and guidance had been given on equipment to support this person to transfer safely. This person's risk assessment and care plan had been reviewed and daily notes demonstrated the guidance was followed.

Staffing and recruitment

- We observed there to be enough staff to support people safely and effectively and feedback from staff supported our observations. One staff member said, "We don't find it stressful working here, it's very calm." Another staff member said, "Sometimes it can feel rushed when staff are newer and less experienced, but on

the whole we're normally very well staffed."

- Staff told us there were enough staff because they worked as a team and communicated with each other to ensure people's needs and preferences were met.
- The provider's system to ensure unexpected absence was covered by regular staff meant people received support from a consistent staff team. One member of staff commented, "They send a text out to every staff member to say a shift is available and we can say we will cover. We have not used agency [staff] here for a very long time. We will always fill the gap."
- Staff were recruited safely. Recruitment processes included reference requests and disclosure and barring service (DBS) checks. This helps employers make safe recruitment decisions.
- When international staff were recruited, they were given a detailed information pack providing their travel itinerary and details of their training. The provider encouraged profile posters of new staff members to be displayed in the home so people and staff could become familiar with new staff before they arrived.

#### Using medicines safely

- We received positive feedback from people and their relatives about medicines practice. One relative said, "[Person's] medications are always given safely, they tell [person] what they are, and they provide [person] the time they need to take them." A person told us, "I just had mine, they are always on time and always careful with what they do."
- Staff responsible for medicines were trained and checked for competence before administering medicines. Their competence was reassessed annually.
- The provider used an electronic medicines management system which alerted staff if a medicine had been missed.
- Staff were aware of those people who were prescribed time critical medicines for conditions such as Parkinson's Disease. We saw staff administering those medicines in accordance with prescribing instructions.
- People who were prescribed 'as required' medicines had basic guidelines in place to inform staff when these medicines should be given. We gave feedback to the registered manager that these guidelines would benefit from more person-centred and detailed information. This had been actioned on the second day of our inspection.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection. Care plans explained how care should be delivered following good infection control practices.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The housekeeping team followed cleaning schedules and we saw the home was clean and well maintained.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed. Housekeeping staff told us they were always informed about any infection outbreaks and had clear plans to ensure the risk of spread was mitigated.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions on visiting Priors House, and we met with many visitors during our inspection.

#### Learning lessons when things go wrong



- Learning from incidents was encouraged and promoted through a no blame culture. Accidents, injuries and falls were reviewed for trends and patterns and additional learning took place in reflective supervisions and clinical meetings.
- Daily meetings with managers and senior staff provided an opportunity for any learning from incidents to be shared. This was then cascaded through the care 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 assessments considered their physical, social and emotional support needs and how they wanted their care to be provided. This helped people to settle into the home as quickly as possible.
- Staff told us people's initial assessments gave them the information they needed to care for people effectively as soon as they moved into the home. One staff member told us, "We quite often coincide [new] admission times with meals. This makes it more sociable for new residents, and they can get to know others."
- Staff recognised the importance of ensuring people were the decision makers when their needs were assessed and their care was planned. Staff gave examples which showed how they worked sensitively with people and encouraged them to make their own decisions. Comments from people included, "Yes, it's been a challenging road and we have worked together to get me to the right place." Another person said, "I have always felt that I was in control of my care."
- One person was introduced to other people in the home of the same cultural background which supported their decision regarding which room they would like. A staff member told us, "[Person's] family had said they had not seen their dad smile for a long time, until coming here."

Staff support: induction, training, skills and experience

- We received positive feedback from people and relatives about staff skills. One relative said, "The staff know how to meet [person's] needs; they have plenty of experience." A person said, "The staff know what they are doing, and they do it well." Another person said, "The staff are brilliant; they know me and they know their jobs."
- Staff told us they received regular training to ensure their skills were maintained and reflected current best practice guidance.
- Staff were able to explore training opportunities to develop their understanding and skills in specific areas. One staff member explained, "Any training the staff want, or if they want a little bit more knowledge in an area, they say in supervision, and we make sure it is put on. The training is constantly there, and staff are up to date with it."
- New staff were assigned a 'buddy' to support them through their induction and their first weeks working at Priors House.
- Staff were given opportunities to take further qualifications to progress their careers in the health and social care sector.

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

- We received consistently positive feedback about people's enjoyment of their food. One person said, "Food

is excellent, fish cakes today – very good." Another person said, "Food is amazing, just ask and you get."

- Risks around people's diets and nutrition had been identified. Where necessary people had been referred to other healthcare professionals to ensure their nutritional health was maintained.
- Care was taken to ensure people who were on modified diets, such as a puree diet, had the same opportunities to enjoy the tastes and flavours of their food. People were given a choice of puree diet and the food was presented in a way that reflected the individual food items.
- People told us they enjoyed their mealtime experiences and chose what they would like to eat and drink. Staff recognised the importance of giving people a positive dining experience which encouraged people to eat and drink well and enjoy the companionship of others.
- On the unit where people needed more support with their nutrition, there was a dedicated staff member to prompt people to eat and drink enough to maintain their health and wellbeing. This staff member explained, "Good nutrition maintains the body and it helps maintain their health to have a good diet and fluid intake."
- Where people needed assistance eating, this was provided in a supportive and unhurried manner. One member of staff sat with a person and used verbal and physical prompts to maintain the person's attention and encourage them to eat more.

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

- Communication within the home was effective and ensured changes in people's health was shared with staff and people's relatives. One staff member said, "At the start of every shift we have a meeting in the office. The nurse in charge or unit manager relays information to us and gives a thorough handover. Any changes that occur during the day the unit manager tells us." A relative said, "Very good communication about any health concerns, when things change these are always in the care plan."
- Weekly ward rounds provided people with regular access to a GP and frailty nurse. Ward round records showed that when people raised concerns about their health or medication this was reported to the GP and action taken in response. Any advice given to staff from the GP or frailty nurse was provided in writing to support communication.
- A health professional we spoke with told us they could rely on staff making appropriate, prompt referrals to them, if staff had any concerns for people's well-being. The health professional told us staff followed advice they provided, so people would promptly return to the best health possible.
- One clinical member of staff described how a person with contracted limbs had been supported to regain some independence. By following the advice and guidance of the person's physiotherapist, this person was now able to sit safely in a wheelchair and go out of the home with support.
- People's oral health risks had been assessed and care plans indicated the level of support people needed to maintain their oral health.

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

- People were encouraged to decorate and furnish their rooms to reflect their life and interests.
- Memory boxes outside bedrooms gave people an indicator as to the position of their bedroom and staff a prompt as to topics of conversation that would interest people. A range of sensory items were available in visitor's rooms for people to enjoy using.
- Communal lounges and spaces were inviting and provided people with comfortable areas to gather and enjoy companionship. Quieter areas were available for people who wanted more privacy or to meet privately with family and friends.

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.

- Staff understood how to promote choice for people. Feedback from staff and relatives confirmed this.
- One staff member said, "I like to make sure they all have choices no matter how small. I like to give 2 choices at least, clothes, food. I show them - even if they can't verbally tell me sometimes, you can tell with their eye movements, gestures. That's so important to give them some control in their lives. It's not nice to be told what you're doing, it's good to give people choice. It's giving people control in their life."
- Comments from relatives included, "[Person] is non-verbal, but I have seen the staff ask and then wait for her to nod her head or smile before they carry on." Another relative said, "The staff always ask before they do anything and always with a smile."
- Where people were potentially being deprived of their liberty, applications to the authorising body were submitted. Some people's DOLs had expired and were awaiting renewal due to significant delays in processing DOLs applications and renewals by the authorising body. Priors House maintained a tracker and kept in contact with the authorising body for updates and timescales on their applications.
- Mental capacity act assessments were decision specific and included detailed descriptions of conversations that took place with people to evidence their involvement in the decision making process and steps taken to involve people as much as 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager and management team created an incredibly supportive, no blame and inclusive culture which valued learning. This empowered staff to provide person centred care and be dedicated to helping people live a good quality of life, with significantly positive outcomes.
- Staff continually demonstrated the provider's caring values, they recognised the importance of people's relationships and encouraged opportunities which reflected their lives and achievements. One staff member told us, "Our job is to make sure that when people do come here, we maximise their potential and give them opportunities to do things they want to do, however small."
- Staff were passionate about helping people create new memories. They had supported 1 person to reunite with their sister at a different care home, after 3 years of not seeing each other. Another person had been supported to visit the local company they founded 40 years ago.
- We received extremely positive feedback from people and their relatives about standards of care and the relationships they had built with staff. One person said, "The staff are like our brothers and sisters, we are family. " Another person said, "They are like our friends." A relative told us, "Staff understand [person's] character, and are patient and loving."
- Staff were incredibly passionate and proud to work at Priors House and being part of a team which valued people's relationships and encouraged opportunities to help people create new memories, reflect on their lives and celebrate their achievements.
- People were supported to live meaningful lives with significantly positive personal outcomes. One person had been supported to go shopping for the first time in 2 years after coming to the home very poorly. The deputy manager said, "This is a big deal. When [person] came here they were so poorly with really bad pressure sores. We've healed those sores, it's taken time, and now [person's] able to go out. Family were so grateful."
- Staff were committed to enhancing people's day-to-day lives to ensure they felt valued and recognised as individuals. One person took great pride in their physical appearance and staff supported this person to dress in such a way that reflected their love of fashion.
- There was an inclusive culture where equality and diversity was reflected in the day-to-day practices of the home. Shifts were altered for staff during fasting and new policies were being introduced to support staff affected by hormonal changes.
- The registered manager understood the importance of supporting people with intimacy and privacy to ensure their sexuality needs were met. People were supported to have private time and their individual needs were respected.

- Staff were supported in their roles and the provider promoted positive mental health amongst people, staff and the wider community. The home had a mental health first aider and world mental health day was celebrated. A weekly event for the community called 'Singing for Soul' was implemented for anyone affected by loneliness or memory impairment. One staff member told us, "I have never got a problem with speaking to anybody. I find I have a good relationship with them and they are so supportive."

#### Working in partnership with others

- There was an exceptional approach to partnership working and engaging with the wider community to share knowledge, information and improve health outcomes for people and the wider community.
- A weekly ward round was attended by a GP and a frailty nurse. We received very positive feedback from both professionals about partnership working. One comment was "They are very good. The nice thing about this home is staff continuity - they do know their patients. The team leaders are all the same which makes such a difference. They know the home and the patients." Another professional's comment was, "They know their patients really well, really knowledgeable. They'll call you out if they're really stuck on things. Always ask for help if there's a problem. Seems really calm and peaceful."
- A variety of events and charity fundraisers were put on for the local community. This included dementia awareness sessions and a fellowship and carer's social, which included speakers from a local organisation to provide advice to carers on benefits, funding and support available for carers in the local area.
- The registered manager linked with a local secondary school, where students were invited to the home and people visited the school. The registered manager had recently been invited to give career talks at the school, encouraging students to consider a career in health and social care'
- The provider worked with a charity to provide additional opportunities to engage with people, through visits to the home and via video links. The charity aims to end isolation of older generations by connecting them with younger generations to understand each other, so both generations feel valued.

#### Continuous learning and improving care

- There was an extremely strong dedication to continuous learning and improved care, through career progression and working with other agencies.
- The provider made improvements to dementia care by focusing on capturing little moments with people and providing therapeutic interventions through Namaste. Namaste provides sensory care for people with advanced dementia through touch, smell and sound to help manage pain, stress and anxiety and focuses on the person's holistic experience of care rather than seeing the care as a task.
- Staff had varied opportunities for career progression and their development was valued. Within the first 3-6 months of joining Priors House, supervisions would be used to discuss training and development opportunities including apprenticeships.
- The provider had a new academy which provided overseas nurses with the opportunity to become registered nurses in England. They received temporary accommodation and support from a mentor to gain their nurse competencies. The registered manager commented about one nurse who was employed through this initiative saying, "[Nurse] has gone from strength to strength. They came here as a newly qualified nurse and has been outstanding with end-of-life care."
- Some care staff went on to complete their nurses training and the registered manager had developed links with a local university. They worked closely with nurses from the Clinical Commissioning Group to maintain a focus on continuous improvement within clinical care.
- Priors House participated in research during the COVID 19 pandemic which focused on areas of the home more likely to pose infection risks. This supported wider data collection and understanding of infection control in care homes, responding to and preparing for outbreaks.

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

- People, relatives, staff and professionals had opportunities to provide feedback which was used to review the quality of care provided within the home. This included through surveys, resident and relative meetings and professional visit satisfaction forms.
- Feedback from professionals demonstrated high levels of confidence in managers and staff. Comments included, "[Staff member] was very prepared, knew the resident well and I could tell [person] was very comfortable around them. All paperwork ready for crew on arrival." Another comment was, "Keen, friendly staff. Always available to assist."
- Relatives told us they felt able to contribute their views and that they were listened to. One relative said, 'I have attended a resident & family meeting; I have been able to share my views and ask.' Another relative said, "We contribute, we are listened to and then things change – what more do you need."
- People and relatives knew who the registered manager was and felt confident approaching them because they were very responsive and visible in the home. One person said, "Yes, they sit and talk to us and want to know what we think." Another person said, "I have told the manager how I have felt about things, they have listened to me." Another person told us, "We all know who the manager is (looks at the others on the table), they are always around and willing to talk with us."
- Staff said the registered manager encouraged their feedback and was responsive to suggestions. One staff member said, "If I have concerns, I always speak to the manager, she is very approachable. She acts straightaway."
- The provider had a proactive approach to ensure staff felt able to raise issues directly with the senior management team. One member of staff was an advocate for the staff team and met regularly with senior managers. They explained, "It is a really good thing to have. It gives the staff a voice without having to go to immediate management."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 a strong framework of checks and audits to drive improvements. For example, the provider was focusing on improving oral care and a recent audit was carried out based on a set of criteria including assessment and support plans, access to dental service and colleague knowledge. An action plan was implemented against identified improvements.
- There was a strong culture of learning from incidents and individual mistakes and sharing information with the team. One staff member said, "We don't hide things or gatekeep information. We don't always get it right, but we try our best to avoid it happening again. If nothing significant has happened in the home, we look to learn from other incidents in other homes, or things we've seen in the news."
- Staff attended reflective supervisions to learn from incidents such as medication errors and injuries and regular clinical meetings ensured people's health and well-being was monitored.
- During the inspection the registered manager had an open and honest approach to promoting and encouraging feedback from people and their relatives.
- Important events and incidents were notified to CQC and other agencies such as the local authority safeguarding team. Families were informed if their loved ones experienced an accident or injury.