

Handsale Priesty Fields Limited

Priesty Fields Care Home

Inspection report

Priesty Fields
Congleton
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Priesty Fields Care Home is a residential care home providing personal and nursing care to up to 78 people across four floors, each of which has separate adapted facilities. At the time of our inspection there were 32 people using the service.

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

At this inspection, we found concerns with the management of risk, medicines, record keeping and governance. We have also made a recommendation about appropriate documentation regarding recruitment.

Medicines were not always managed safely within the home, care files at times held conflicting information and the monitoring information for people's well-being was not routinely completed. Additionally, the audits that were in place had not identified the issues found during the inspection.

People felt safe with staff, who had the appropriate training and skills to provide care safely and effectively. The provider had systems in place to ensure people were protected from abuse and avoidable harm. Staff received an induction and were supported through a programme of regular supervision and training.

Positive working partnerships with other agencies and health and social care professionals had been formed and it had been noted that the provider was very responsive to any feedback and took action to remedy any issues. GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary.

Complaints were managed appropriately and monitored by management. Infection control standards were also monitored and managed well. A family member told us "The cleaners are very good, and the place is spotless."

We observed support being provided in the home and saw this was done in a caring, responsive and patient manner. We saw people were comfortable in the presence of staff.

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

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

Rating at last inspection

This service was registered with us on 20 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to medicines management, risk management, record keeping and governance.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Priesty Fields 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

This inspection was carried out by two inspectors, one medicines inspector 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

Priesty Fields 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. Priesty Fields Care Home 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 not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. 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 (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 six people living in the home, six relatives, five members of staff, the deputy manager, the quality compliance manager and nominated individual. 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 multiple medication records. We looked at five 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.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not managed safely.
- We found additional information such as blood tests were not always recorded, so we were not assured medicines had been given safely.
- The actual time a medicine was administered was not documented for time sensitive medicines. Therefore, staff could not be assured that the four-hour time interval between paracetamol doses, for example, had been observed.
- Medicine records did not always document the full administration instructions, and included abbreviations, so there was a risk people might not be given their medicines safely as prescribed.
- Records for adding thickening powder to drinks, for people who have difficulty swallowing, showed people's drinks were not always made correctly, therefore we could not be assured people were safe from the risk of choking.
- We found plans to support staff to know when to give people their 'when required' medicines were not always available so there was a risk medicines might not be given safely as prescribed.
- Not all medicine administration records had a photograph of the person to support staff to identify them correctly. This meant there was a risk people might be given the incorrect medicine.
- Waste medicines were not always stored securely in line with national guidance.

The provider had failed to manage medicines safely so people were placed at risk of harm. This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found no evidence of any harm. Following the inspection, the home provider submitted evidence of action taken to address areas identified.

- Staff completed medicine training and had their competencies checked.

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

- Risk assessments had been completed. These provided information on measures in place to safely support people. However, some care files held conflicting information, for example regarding a person's pressure area care. This was brought to the providers attention who immediately implemented actions to improve.
- We identified that that some monitoring information, such as nutrition charts were not always completed. This was brought to the providers attention who immediately implemented actions to improve.
- Health and safety checks of the environment had been completed, however there were some gaps in the

monitoring of this information. Service agreements and safety certificates were all available.

- We identified by looking through records of staff meetings, that some accidents had taken place that had not been recorded appropriately. Actions had been taken by staff to ensure the safety of the people who had had the accidents.
- No accidents analysis had been completed since May 2022. This meant we could not be certain trends where being identified and appropriate actions taken to prevent further incidents.

The provider had failed to manage risk safely, so people were placed at risk of harm. This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found no evidence of any harm. Following the inspection, the home provider submitted evidence of action taken to address areas identified.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. There were policies covering safeguarding adults, which were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.
- People and their relatives told us people were safe in the presence of care workers. One person told us, "Oh yes, I can walk around at night and feel safe" and a family member told us "I think she's safe, much better than if she was at home."

Staffing and recruitment

- A process was in place to ensure staff were recruited safely. However, some evidence of pre-employment checks were not available. This was brought to the providers attention and was immediately actioned.

We recommend that the provider considers current guidance regarding the recruitment of staff and take action to update their practice accordingly.

- There appeared to be sufficient numbers of staff on each shift to meet people's needs. The people we spoke with said they thought that there were enough staff on hand to care for them when they needed it. Comments included, "A member of staff checks on [person] regularly. The door is usually open and they [staff] pop in to check he is okay or if he wants something." Another family member told us "If you want someone you can always find them."

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 assured that the provider was using PPE effectively and safely.
- 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.

Visiting in care homes

- Observations assured us that the provider was facilitating visits for people living in the home in accordance with current guidance.

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 by the appropriate person prior to them receiving care to ensure the service was able to meet their needs.
- The provider had responded to changes in people's needs, adapting their care as appropriate. For example, the use of assistive equipment was accessed so people could maintain their independence.
- The provider ensured there were up to date policies and procedures in place to offer guidance for staff and reflect best practice.

Staff support: induction, training, skills and experience

- Staff had the appropriate skills and training. They demonstrated good knowledge and skills necessary for their role. We were able to view training matrices and documentation that confirmed the required competencies had been achieved.
- New staff completed an induction before starting work. This ensured care staff had the fundamental skills and knowledge expected within a care environment.
- We saw records confirming that supervision and support were being provided. Staff we spoke with told us they were appropriately supported.

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

- People we spoke with told us the food was very good. Comments included "The food is fine. There is a good selection. [Person] is not wanting to eat though. He gets weighed regularly, is on soft food anyway and has fortified drinks", "The food is excellent. There is always a choice at lunchtimes and at the evening meal" and "[Person] has not been eating and drinking too well and they [staff] have turned themselves inside out to try and deal with it."
- People's care plans contained eating and drinking guidelines and identified any risks or support people needed. For example, if someone needed a specialist diet, such as their food prepared in a pureed or textured form.

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

- People were supported to attend a range of healthcare appointments including visiting the GP, dentist, optician and chiropodist. A family member told us, "The home is arranging for [person] to have eye tests. [Person] has very poor eyesight following on from a cataract operation."
- The staff had involved healthcare professionals in people's care when appropriate making referrals and seeking advice and guidance to keep people well.

- We were told by one professional that the provider was very responsive when issues had been identified.

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

- The environment was very well maintained and decorated. People were able to access different areas in the home to spend time with friends and family, or alone should this be their preference. This included café or pub areas as well as welcoming lounge areas.
- People were encouraged to personalise their rooms with pictures and personal furniture when they moved in.

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.

- People were supported by staff to make choices and decisions about their care. This support was based on the MCA and its key principles of always assuming people could make decisions.
- Staff received training in applying the principles of the MCA and understood their responsibility in providing choice and gaining consent.
- Care plans stated if relatives had the legal right to make decisions on behalf of people living in the home, the provider had the documentation to reflect the evidence of this.

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 and family members spoke positively about the service. We were told "They [staff] are caring people and they like to have a joke." Another person said "They are friendly, smiley and cheerful. They seem to enjoy working here." A family member told us "They are kind and caring."
- The provider, deputy manager and staff were considerate, kind and responsive in their actions and spoke about people warmly and knowledgeably. One relative told us "The staff are caring, and they do listen to you."
- People had input into their care including their dietary, gender, ethnicity and religious beliefs.

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

- People were supported to make decisions about their daily life.
- We observed that those who could not consent or make their own decisions were supported by staff patiently.
- Family participation was encouraged in making decisions if it was appropriate. We were told "We are very pleased with the care. The family has had much more information verbally since [person] has been here."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. One relative told us "I have noticed with people that they treat them as someone special, laughing and talking to them and they always close the door if they have to do anything in their room."
- People were supported to maintain their independence. People told us "You can choose when to go to bed and when to get up. I like to get up early. There are no restrictions" and "I like to go to bed at around 9.30 p.m. They ask me when I want to go."
- Peoples care plans outlined their abilities and how staff were able to support a person's independence. For example, how a person's health condition could make their dependency level vary and the support needed.

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

- Assessments had been completed to identify people's needs, likes, dislikes and preferences. The information obtained through assessments and discussions with people and their relatives, was recorded in care plans. One relative told us "The manager came to the hospital to assess [person] before [person] was admitted to this home. After [person] was admitted we also had a detailed meeting here about it. I think I was given a copy of a care plan for [person]." However, we did receive some additional feedback that not everyone we spoke to had seen a care plan.
- Technology, including sensor mats were used to respond promptly to people's needs. These were checked regularly to ensure they continued to operate effectively.
- People were supported by staff who knew them and were able to tell us how they liked to be supported. The provider told us how they were planning to re-introduce 'resident of the day' where the people living in the home had the opportunity to have their care and support focussed on. This would ensure people were receiving the care they wanted and needed.

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 sensory and communication needs had been considered during the assessment process. This included the use of glasses and hearing aids and staff knew people's different ways of expressing their needs.

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

- Relationships with family and friends were encouraged. We were told by people and their relatives, "Friends or family can visit at any time if they want to" and "There are no restrictions on visiting times."
- People were able to make choices about how they spent their time and were supported to take part in a range of social and leisure hobbies and interests. One family member told us "They [staff] took [person] for a walk around the garden in summer. They also had a visit to Astbury Garden Centre. They do get out and about." Other comments included "[Person] likes watching football, general knowledge games and listening to music. There was a children's' choir here at Christmas" and "There is a program of events. [Person] has gone to do bingo and made cookies."

- The home had a cinema room and a 'pub' where sporting events were screened for those who wished to attend.

Improving care quality in response to complaints or concerns

- People we spoke with and their relatives told us they had no concerns or complaints to make about the service. Comments included, "We would ask in the nurse's station if we had a problem." and "I have not had to complain about anything to anyone."
- There was a complaints policy and people's relatives confirmed they could complain if needed to. Complaints were addressed appropriately. This involved investigating complaints, speaking with all concerned and taking action to address the concern.

End of life care and support

- Systems were in place to support people during the end of their life.
- People's individual preferences and wishes had been discussed with them and their family and incorporated into their care plan. This included if they wanted to be resuscitated, and any funeral arrangements they wished to share with the service.

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.

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

- Audits had been carried out, however these had not identified the issues found during this inspection.
- Documentation was not always appropriately completed. For example, records in relation to the monitoring of people's care did not always contain up to date information and care files held contradictory information. This meant it was difficult to tell if people received the care they needed.
- Oversight and governance of the service was not always robust as we identified incidents and accidents that had not been appropriately reported and recruitment processes that were not always being followed.

The governance arrangements in place were not robust and record keeping was not always adequately maintained. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and deputy manager was responsive to feedback given throughout the inspection.
- Policies and procedures were in place, including infection control, data protection and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- There was no registered manager in place however, the provider was aware of their responsibility to be honest with people when things went wrong.

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

- The provider and deputy manager were open, approachable and reflective. The staff worked well together and worked as a supportive team and were able to give regular feedback via staff meetings and supervisions.
- Staff spoke positively about the support they received from the provider and deputy manager. One staff member told us, "Our deputy manager and compliance lady are in regular contact with staff and always make time to speak to myself and have an open-door policy. They listen to issues and take appropriate action."
- The provider provided training and guidance to staff regarding the importance of choice and personalised care.

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

- Feedback from professionals was mainly positive and it was noted that any issues that had arisen were acted on by the provider to improve services. One professional said "Priesty Fields staff are friendly and know their residents well. When working with them they are willing to support an enabling approach with people to promote independence, where this is part of their person-centred goals they wish to achieve."
- Referrals to other health and social care professionals were made in a timely manner when people needed additional support.
- People and their relatives felt they were able to approach staff and managers with any issues, however gave mixed feedback when asked who the manager was. We were told "We don't know who the manager is" and "[Manager] rang to ask us some questions. They communicate really well."
- We saw that there had been communication with relatives, however those we spoke with had not had experience of feedback being formally sought by the provider.

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
Treatment of disease, disorder or injury	The provider had failed to manage medicines and risk safely so people were placed at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The governance arrangements in place were not robust and record keeping was not always adequately maintained.