

HC-One Limited

# Priorslee House

## Inspection report

Shifnal Road  
Telford  
TF2 9NN

Tel: 01952453375  
Website: [www.hc-one.co.uk](http://www.hc-one.co.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Priorslee House is a care home registered to provide accommodation and personal care for up to 71 people. Accommodation is provided in a purpose-built home in three units called Sweet Pea community, Sundew community and Rose community. Each of these communities has separate adapted facilities. At the time of the inspection 27 people were living at Priorslee House, some of whom were living with dementia.

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

People were protected from the risks of ill-treatment and abuse as staff had been trained to recognise potential signs of abuse and understood what to do if they suspected wrongdoing.

The provider had assessed the risks associated with people's care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm. People received safe support with their medicines by staff members who had been trained and assessed as competent. Staff members followed effective infection prevention and control procedures when supporting people.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests; the application of the policies and systems supported good practice. The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision. People had access to additional healthcare services.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, religion, gender and disability. People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any compliments or complaints from people or those close to them.

There were effective quality monitoring systems in place and the management team had good links with the local community within which people lived.

The provider had systems in place to identify improvements and drive good care.

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.

This service was registered with us on 15 October 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 the service can respond to COVID-19 and other infection outbreaks effectively.

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 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 well-led.

Details are in our well-Led findings below.

Good ●

# Priorslee 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.

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 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

Priorslee 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. Priorslee House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We 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 asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

### During the inspection

We spoke with 9 people who used the service and 1 relative about their experience of the care provided. Additionally, we spoke with 7 staff members including carers, senior carers, catering staff, maintenance staff, the registered manager, and the area director.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care plans and multiple records of medicines administration. Furthermore, we looked at a variety of documents relating to the management of the service, including quality monitoring checks. We confirmed the safe recruitment of 3 staff members.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse and ill treatment. One person told us, "Safety is no problem. There is always someone about and it's always secure."
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and relatives on how to report any concerns.
- The provider had systems in place to pass any concerns to the appropriate agency. For example, the local authority, in order to keep people safe.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum. One person told us, "The fire system is very important, and the alarm is efficient."
- Risks associated with people's care had been completed. These included risks related to people's skin integrity, diet and mobility. One relative said, "Because of [relative's] age their skin's very delicate and staff check that it's intact, there's never been an issue with sores."
- Staff members knew the risks associated with people's care and support and knew how to keep people safe whilst providing support.
- People had individual personal emergency evacuation plans in place to direct staff in the event of an emergency. One person said, "I could get out very easily if there was an emergency."
- The provider completed regular checks on the physical environment to ensure it was safe for people to live in and receive care. These checks included regular fire safety checks, water temperature checks and legionella checks including regular flush throughs of seldom used water outlets. Legionnaires' disease is a potentially fatal form of pneumonia caused by the inhalation of small droplets of contaminated water containing legionella.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them without any unreasonable delay. One person said, "They [staff] always come quickly if I press the bell."
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes

and re-training if needed.

- The provider had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

#### Using medicines safely

- People received their medicines as prescribed. One relative said, "Medication is very well managed. It's all monitored, it's on a screen so nothing could be given twice."
- Staff members were trained and assessed as competent before supporting people with their medicines.
- The provider had systems in place to respond should a medicine error occur. This included contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

#### Preventing and controlling infection

- Staff members had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses. This included updated training in response to the COVID 19 pandemic, donning and doffing of protective equipment and regular hand hygiene checks.
- Staff members had access to personal protection equipment which they used appropriately when supporting people.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was supporting visits in line with the Governments guidance.

#### Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accidents and near miss incidents were reviewed along with body charts to ensure appropriate action had been taken.



# 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 of 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 physical and social needs had been holistically assessed in line with recognised best practice. People, and where needed their relatives, were involved in the assessment of their needs and wants. These assessments included, but were not limited to, emotional wellbeing, physical health and diet.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included people's religious beliefs, gender identification, disability and personal preferences.

Staff support: induction, training, skills and experience

- People were assisted by a trained staff team who felt supported by the provider and the management team.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, safeguarding and health and safety.
- Staff members new to care completed training that was in line with the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One staff member told us, "There are a lot of training modules you have to complete. You have to pass each and every one before moving onto the next. It's very comprehensive."
- New staff members worked alongside experienced staff members until they felt confident to support people safely and effectively.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. One person said, "The staff are willing with anything, but it comes down to me. It is my choice."
- Staff, and the management team followed best practice when assessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person concerned.

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

- People had enough to eat and drink to support wellbeing. One relative said, "[Relative's name] only likes small portions of food and staff never forget this is important to them."
- Staff knew people's individual dietary requirements. For example, where additional supplements were needed, any risks to choking or if a modified diet was needed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient communication systems in place. This helped to share appropriate information with those involved in the support of people.
- People had the option of sharing individual updates with those close to them. This was done by staff completing books highlighting activities and significant events which people could share with those they chose to do so.
- Each morning staff from all departments attended a flash meeting. This was a short, structured meeting where any updates, concerns or follow up actions could be discussed. For example, one person's medicines were discussed, and action taken to ensure adequate supplies were provided in a timely way.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access additional healthcare professionals including GP's and district nurses when it was needed. Information was passed to other healthcare professionals promptly in order for them to make an accurate assessment.
- Staff members were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

# 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 of 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 told us they were treated with care by a kind, engaging and compassionate staff team. One person described how staff supported them when they were feeling low in mood. They went on to say staff recognised and spend extra time with them talking about positive aspects of life and how this helped them. Another person told us, "I'm happy here because they respect you."
- All staff members talked about those they supported with fondness, compassion, and genuine positive regard. One staff member said, "I like feeling I'm keeping people safe and seeing them happy. I like the day-to-day interaction with the people."

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

- People confirmed they were supported to make decisions about their care and support. One relative explained the importance of their family member being involved in decisions about their care. They told us, "[Relative's name] makes their own choice of clothes whilst making sure they are colour-coordinated. They are very clear on what they want to wear. This is known and supported by staff."
- People were involved in the development of their support plans which directed how staff assisted them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their privacy was supported by staff members. One person said, "The staff treat me with respect for the sake of my dignity."
- People were supported to maintain their independence. One person said, "I know what I want and I know my own mind. However, I accept when I need help and I really get on with the carers."
- Information which was confidential to the person was kept securely and only accessed by those with authority to do so.

# 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 of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People were involved in the development and review of their care and support plans. One person said, "I know about my care plan, and it is reviewed regularly."
- Staff members knew those they supported well. This included people's care needs and their personal likes, dislikes and interests. One person said, "The staff bring my favourite biscuits, and we get sweets as well. I'm a coffee person. I hate tea and I know the staff would never bring it. This makes me laugh." A relative told us, "Staff are so caring they know all [Relative's] likes and dislikes."
- When it was appropriate relatives were kept informed about changes to people's health and needs.
- People's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible, and in a format, they could easily comprehend. When people had other sensory needs, these were recorded for staff to respond to them in a way they wanted. For example, there was instruction on who required hearing aids or glasses.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in activities they found interesting and stimulating. One person outlined the activities they engaged in. These included, reading, crosswords, puzzles, dominoes, cards, crafts, singers and other entertainment and exercise classes.
- People told us staff responded to them and spent additional time with them if they could not make any of the structured activities. One person told us this was to help keep them positive and prevent isolation.

Improving care quality in response to complaints or concerns

- People told us they had information on how to raise a complaint or a concern if they needed to do so. Everyone we spoke with told us they felt confident they would receive a positive response if they needed to raise a concern.
- The provider had systems in place to record, investigate and to respond to any complaints raised with them.

## End of life care and support

- People were encouraged to record their wishes as they entered this phase of their life. The provider had processes and procedures in place to capture what was important to the person to ensure they received the support they wanted.
- The provider had developed good working relationships with other healthcare professionals which would support a multi-agency approach towards end-of-life care when it was needed.

# 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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in post and was present throughout this inspection. The registered manager had submitted notifications to the CQC when required. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The registered manager and provider had effective quality monitoring systems. These included checks of people's care plans and medicines. These checks ensured people received the care they needed and had agreed to.

Continuous learning and improving care

- The management team kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular updates from local authorities and the providers learning and development team.
- The policies and procedures in place reflected the current advice and guidance provided for those supporting people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had a positive relationship with the registered manager who they found to be accessible and engaging. Everyone we spoke with was complementary about them and felt supported by them. One relative said, "There is a relatives' meeting every 6 weeks. It is run by [registered manager's name] and notes are taken. The chef attends and all and sundry is discussed."
- The provider regularly asked for feedback from people and relatives on their experiences of care. Everyone felt able and empowered to contact any of the staff or the registered manager at any time if they wanted to raise anything with them. Everyone felt assured their views would be valued and acted on.
- Staff members told us they found the management team supportive, and their opinions were welcomed and valued.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour. The duty of candour is a regulation which all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The management team had established and maintained good links with the local community within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurse teams.