

Wychbury Care Services Limited

# The Priory Care Home

## Inspection report

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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: The Priory Care Home is a care home providing care for up to 30 older people, some of whom live with dementia or physical disabilities. There were 28 people living at the home at the time of the inspection.

People's experience of using this service:

People were positive about how the home was managed. The registered manager had driven through improvements in the environment and checks on the care provided, with support from the provider. The registered manager understood their responsibilities and acted to inform CQC of important events at the home. People benefited from living in a home where they and staff felt listened to.

Staff had further enhanced how people's rights to privacy was promoted and people were treated with dignity and respect. People enjoyed their life at the home and had developed strong bonds with the staff who supported them.

Staff understood the risk to people's safety and acted to reduce these. There were enough staff to care for people and staff promptly supported people when they wanted assistance. Staff supported people to have their medicines safely and checks were undertaken to ensure these were administered as prescribed.

People told us staff knew how to look after them and staff assisted people to achieve the best health and well-being possible, including when people were at the end of their lives. People were supported to have enough to eat and drink so they enjoyed the best health possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

People were consulted when people's care was assessed, planned and reviewed, so people's needs continued to be met. People had opportunities to do things which they enjoyed, and their communication needs were considered when their care was planned.

Rating at last inspection and update: The last rating for this service was requires improvement (published 4 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

## 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 ●

# The Priory 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector and an assistant inspector.

**Service and service type:** The Priory Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Priory Care Home accommodates up to 30 people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was unannounced.

#### What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used information the provider sent to us in the Provider Information return (PIR). We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other organisations, for example, the local authority.

During the inspection, we spoke with five people who lived at the home and two relatives to ask about their experience of care. We spoke with the registered manager, two senior care two care staff, and three domestic staff. 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 looked at six people's care records, compliments received and multiple medication records. We saw records relating to the management of the home. These included minutes of meetings with staff and quality surveys. We also saw systems used to manage complaints and any accidents and incidents which may occur. In addition, we looked at records of activities people had enjoyed doing and checks on the safety of the environment. 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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- At our last inspection the provider had failed to ensure people's medicines were always stored safely. At this inspection we found enough improvement had been made and there were no longer increased risks to people in the way medicines were stored.
- People could rely on staff supporting them to have the medicines they needed to remain well. Medicines were administered by staff who had been trained, and whose competency had been checked. People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Some people chose to administer their own medicines, with support from staff.

### Preventing and controlling infection

- At our last inspection the provider had failed to ensure risks to people in relation to infection control were consistently reduced. At this inspection we found enough improvement had been made and there were no longer increased risks to people in the way equipment was cleaned and maintained.
- People told us staff always used the protective clothing when appropriate, so risks of people having infections was reduced.
- People benefited from living in a home where equipment was regularly maintained and cleaned.
- The registered manager regularly audited communal areas of the home to ensure good hygiene was promoted. The registered manager confirmed they planned to incorporate checks on staff areas to ensure the likelihood of people experiencing infections was further reduced.

### Systems and processes to safeguard people from the risk of abuse

- People were supported to raise any safety concerns they may have and to understand how to keep safe.
- Staff knew what action to take in the event of any concerns for people's safety, including how to report abuse to the local authority and CQC, if this was identified.
- Staff were supported to provide safe care through regular meetings and discussions about people's safety.

### Assessing risk, safety monitoring and management

- People were positive about the way their safety needs were met. One person told us they had been involved in deciding what care they wanted, so they would remain safe. The person told us staff had listened to their request, and said, "Staff are really gentle when they help me." One relative told us, "[Family member's name] feels safe here."
- Staff knew people's individual risks and understood how to maintain people's safety and independence. This included risks in relation to people's underlying health conditions.
- Staff told us they were encouraged to let senior staff know about people's changing safety needs.

- The registered manager gave us assurances they would review the risks relating to people experiencing falls which were increased because of the medicines some people needed to take to remain well.
- The registered manager and staff regularly checked people were safe.

#### Staffing and recruitment

- People said they did not have to wait long if they wanted assistance from staff. People and their relatives told us there were enough staff to care for people at times people wanted.
- The suitability of potential staff to care for people was checked prior to their employment.

#### Learning lessons when things go wrong

- Staff had opportunities to regularly reflect on people's changing safety needs and to adjust the care planned and provided.
- Systems were in place to take any learning from incidents and accidents, when required.

# 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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 and their relatives views were considered when people's care needs were assessed. This helped to ensure people's preferences and needs were understood and staff had the information they needed to support people as soon as they moved into the home.
- Staff sought and acted on advice provided by other health and social care professionals, to inform people's assessments.
- People's assessments were regularly updated to reflect their changing needs and preferences.

Staff skills, knowledge and experience

- People are very positive about the way staff used their skills to help them. One person told us, "They [staff] definitely know how to look after me, there's no problem there."
- Staff told us they were supported to provide good care through a comprehensive approach to training. One staff member told us, "Training makes you see residents (people) in a different light. I'm much more confident because of my training and residents pick up on this."
- The registered manager had put system in place to support staff who were new to The Priory Care Home, through induction, and working with more experienced staff. One staff member told us about their induction and said, "You get the chance to watch and then you ask the residents (people) if they mind you helping them. This gives you a chance to build trust with them."

Supporting people to eat and drink enough with choice in a balanced diet

- People enjoyed their mealtime experiences and were supported to have enough to eat and drink to remain well. One person said, "The food is good and there is enough of it. I could ask, if I fancied something different to the menu." Another person told us, "Staff always bring me a drink."
- People were encouraged to let staff know what they wanted to drink and eat throughout the day.
- Staff knew if people had any particular food and drink preferences or specific dietary needs, and supported people so these would be met and their health promoted.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People were confident staff would assist them if they wanted support to see other health and social care professionals. One person said they had regularly seen a physiotherapist. The person told us staff had gently encouraged them to do their exercises and said this had helped them to regain their health as soon as possible.
- Where staff had any concerns for people's health they worked with other health and social care



professionals, so people's health needs would be met. For example, we saw referrals had been made to hospital consultants for one person, as staff were concerned they were losing weight.

- Staff told us they were supported to provide timely health care to people through the communication systems in place, which provided opportunities to monitor people's health needs.

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

- People told us they liked their rooms, which reflected their interests. One person said, "I feel I am lucky to live here, and I love my room."

- People could choose to spend time privately or in more social areas, where people could enjoy each other's company.

- Staff had been provided with the information they needed to support people to enjoy the different areas of the home. For example, if people preferred to spend time quietly or in busier and louder areas.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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. The application procedures for this in care homes and hospitals are 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 were being met.

- Staff had received training to understand people's rights. Systems were in place to manage people's capacity assessments and for these to be informed by consultation with them, their relatives and other health and social care professionals. Systems were also in place to manage any DoLS, should these be authorised.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people's dignity was always maintained. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

People now benefited from living in a home where appropriate locks were on bathroom doors, and furnishings reflected people's individual continence and dignity needs.

- People told us staff treated them respectfully and recognised their rights to privacy and independence. One person told us staff understood they enjoyed the independence of managing their own medicines.
- Staff gave us examples of the care provided which helped people to increase their independence. This included additional support, so people were able to regain their mobility after periods of illness. The person said, "Staff support me to stay as independent as I can."
- People's confidential information was securely stored, to promote their privacy.

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

- People had developed strong relationships with the staff who cared for them and told us staff were considerate and compassionate. One person said, "I count myself lucky to live here, the staff are so nice."
- Staff got to know people by chatting to them and their families and checking their care records. One staff member told us about the relationships they had developed with people living at the home. The staff member said, "You love to see residents {people} glad to see you, they recognise you. They [people] have enriched my life and have made me see people in a different light."
- People wanted to share a joke with staff and were comfortable to ask for assistance when they wanted it.

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

- People were encouraged to make their own decisions about what care they wanted. This included how and where they wished to spend their time, and what time they wanted to get up and retire to bed.
- Staff assisted people to make their own day to day decisions, where people wanted this. This included, where they wanted to eat their meals, and what interesting things they would like to do.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People decided what care they wanted and told us they were confident they would be listened to if they requested changes to their planned care.
- People were involved in reviewing their care, as their needs changed. One person told us they had been involved in deciding what care they wanted as their mobility needs changed. The person told us staff understood what was important to them. This included the right to enjoy the comfort and privacy of their own room.
- People gave us examples showing how their care was tailored to meet their individual needs. This included specific support to help them maintain and improve their health, and to have access to personal care at the times they wanted.
- Staff considered what mattered to people when planning their care. People's care plans reflected their care preferences, including if people preferred a specific gender of staff to support them during personal care, and people's individual risks and care needs.
- People told us staff encouraged them to decide what enjoyable things they might like to do. One person said, "Staff know I like to stay in my room, but they always let me know when something special is on." Staff gently encouraged people to participate in life at the home, such as exercise classes and coffee mornings, so people would maintain their health and reduce the chance of becoming isolated.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's preferred communication methods. For example, talking newspapers and large print information were available to people. The registered manager told us they planned to further develop the range of information available in alternative formats for key documents to support people's communication needs, as people's needs changed.

Improving care quality in response to complaints or concerns

- People were confident if they raised any concerns with staff and the registered manager these would be addressed.
- Systems were in place to manage any complaints or any concerns raised and to take any learning arising from these, if made.

End of life care and support

- People and their relatives were involved in deciding what end of life care they wanted, so their preferences would be met.

- Staff told us they were supported to provide good care to people at the end of their lives, through support from the management team. One staff member told us the registered manager always made sure both other people living at the home and staff had opportunities to attend funerals, so they could show their respects.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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: Continuous learning and improving care

At our last inspection the provider had not ensured they were meeting their regulatory responsibilities in sending notifications to us. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

At our last inspection the provider's quality checks were not consistently effective in identifying areas where improvements were required. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014, Good governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16 and 17.

- The views of people were incorporated into quality assurances systems, through surveys. We saw people's feedback had been positive about the care they received.
- People benefited from living in a home where additional checks were made on the quality and safety of the care provided. The results of audits were used to drive through improvement in the services offered.
- The registered manager felt supported by the provider to meet people's needs. The registered manager said, "Since the last inspection, there have been real improvements made to the culture of the home and the environment."
- The registered manager regularly checked people received their medicines and prescribed, the environment and equipment were clean, and people received the care they wanted.
- Additional reviews of the quality of the care had been put in place by the provider, who met regularly with the registered manager to assure themselves people received good care.
- Staff received support to understand how they were expected to provide care to people through regular meetings to discuss people's care and to reflect on the care provided. Staff told us communication across staff teams was good. One staff member said because of this, people received the care they wanted, in the ways they preferred. The staff member said, "It's because we work well as a team."
- The registered manager kept up to date with best practice through research, attending events and meetings the local authority and through discussion with the provider's other managers.
- The registered manager had improved their understanding of their responsibilities to notify CQC of important events which happened in the service, and acted on this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People told us they enjoyed living at the home and they considered The Priory Care Home to be managed well. People and staff told us because the way the home was run they received the care and support they wanted. Relatives were positive about the way the home was managed and told us they found staff approachable.
- The registered manager told us, "I am proudest of the confidence the staff have and how they recognise people are different and want different things." The registered manager gave us examples of specific support people had received because of suggestions made by staff. These were in response to people's wishes to visit places which connected them with their past and to do things they enjoyed doing.
- Staff said they enjoyed working at the home and highlighted there had been more investment in the home since our last inspection. This included additional equipment required to care for people safely. One staff member said, "It means we can respond more quickly when they [people] want help."
- One staff member told us about the culture at the home and said, "[Registered manager's name] want people to be happy for it to feel like home." The registered manager said I want people to be happy and for their wishes to be fulfilled at the end of their lives. [People] are happy, and it is a home full of laughter. [People] tell you how much they enjoy living here."

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

- People, relatives and staff were encouraged to make suggestions for improving the care offered and told us they were listened to. For example, in relation to interesting things to do and meal choices.
- The registered manager had sought people's views on the care provided through surveys. The registered manager planned to obtain further feedback from people's relatives and other health and social care professionals to inform further development of care.
- The registered manager understood their responsibility to be open in the event of anything going wrong and reviewed any feedback and incidents, so any learning would be taken from them and the home would continue to develop.

Working in partnership with others

- Staff gave us examples of effective relationships which had been developed with other health and social care professionals, so people would receive the care they needed promptly and enjoy good physical and mental health outcomes.