

Mr Paul Bliss

Primley Court

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

Primley Court is a large service located over two sites, providing nursing care for up to 80 people. Primley Court (New Wing and Old Wing) can accommodate and provide nursing and personal care for up to 51 people. A neighbouring building called The View is also part of Primley Court. This building is further up the road, it is not attached to Primley Court and provides nursing care for up to 29 people. There were 44 people living at Primley Court and 25 people living at The View at the time of the inspection.

The service provides care for older people, many who have complex health needs and are living with dementia or a cognitive impairment. Some people required a high level of staff supervision (one to one care) and support to promote their independence and safety.

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

People received care and support specific to their individual needs, choices and preferences. Staff were skilled and knowledgeable about people's physical and mental health needs and were aware of people's life histories and things that were important to them.

People's risks were known and well managed and there were sufficient numbers of experienced staff available to meet people's needs. People received their medicines as prescribed although, improvement was required in relation to recordings.

Staff were able to explain people's individual needs and how they should be met. Care records were in the process of being transferred across to an electronic system and information was being updated to reflect people's current needs.

People were cared for by staff who treated them with dignity, respect and compassion. Staff were exceptionally kind and caring ensuring people's emotional needs were met which enhanced people's well-being.

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

The service was led by a registered manager who was passionate and committed to their role and who empowered their team to continually improve the quality of care people received. The registered manager was an integral part of different initiatives to improve and develop care practice.

Significant investment in developing and training staff had resulted in good outcomes for people, particularly those who were living with dementia. People had access to a wide range of different activities which were person-centred and held either in groups or individually.

The premises were undergoing refurbishment and consideration had been given to people's varying needs. The service had created an environment that supported people living with complex health conditions or people living with dementia or behaviours that may at times challenge.

The service was well-managed. There was a culture of continued learning, development and improvement in order to achieve good outcomes for people. Everyone felt supported by the management team and the registered manager had a good oversight of the service. The provider had systems in place to monitor and continually improve the service. The Registered manager and staff team worked collaboratively with external agencies to continually improve care practice and delivery. Clear communication processes were in place and good practice was shared.

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

Rating at last inspection

The last rating for this service was good (published 21 August 2018).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primley Court on our website at 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 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 ●

Primley Court

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

The inspection was carried out by three inspectors, an assistant inspector, a specialist advisor who was a nurse and an Expert by Experience who had consent to phone and gain feedback on the care provided by the service from people's relatives. 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

Primley Court is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Primley Court 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service, including notifications we had received. Notifications are events, incidents or events the provider is legally required to tell us about. We also 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. This information helps support our inspections.

During the inspection

We spent time with people and spoke with two people living at the service. We also spoke with 17 relatives, 10 staff, the director of compliance, deputy manager and the registered manager. We also spoke with three health and social care professionals. To help us assess and understand how the service met and supported people's care needs, we looked at five care records and reviewed records relating to the running and management of the service. These included staff recruitment and training records, medicine records and records in relation to the providers quality assurance processes. We also 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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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.

Using medicines safely

- Although, arrangements for the monitoring of sterile equipment and dressings were in place. We saw some of these were out of date. We discussed this with the clinical lead and registered manager who rectified this straight away.
- When people were prescribed medicines in the form of patches, charts were available for staff to record where these patches were applied. However, these were not always completed, and information was recorded in the daily notes. Although we found no impact for people, the lack of clear recording made it difficult to evidence whether people had received their medicine as prescribed.
- There were arrangements in place for storing, and disposal of medicines, including those needing extra security. Temperatures were monitored to make sure medicines would be safe and effective.
- Some people had medicines 'when required' or 'PRN'; although, staff spoken with were able to explain how these medicines were used and daily notes recorded the reason for administering these medicines along with the outcome of the administration. Protocols contained limited information to guide staff when doses might be needed. This meant staff did not have sufficient guidance to refer to if required, when administering PRN medicines.
- Some people received their medicines covertly. Some records did not contain detailed information around how the medicine was to be given. This meant staff did not have clear information to refer to which would ensure people received their medicines as prescribed.
- Staff received training in safe handling of medicines and had their competency checked to make sure they gave medicines in a safe way.
- Medicines audits took place and we saw that some of the issues we found had been identified by these audits and plans were being put in place to make improvements.

We recommend the provider review their medicine processes to ensure best practice guidance is followed in relation to medicine documentation.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm or abuse. One person told us, "I feel safe". A relative commented, "I certainly feel confident [person] is safe there; they have been there a year now and it has always felt they are in safe hands; they are very good".
- Staff had received training in safeguarding and were able to describe what constituted abuse along with the action they would take should they suspect people were at risk of harm.
- Staff were confident the registered manager would deal with any issues or concerns raised. One member of staff commented, "I would report it to the manager so they can immediately act on it. The office has the

information if we need to contact anyone and if that was the case I would go to the safeguarding team, the CQC and Police." Another member of staff said, "People are definitely safe. We work together and know how to report safeguarding. It's important."

- The registered manager demonstrated a clear understanding of safeguarding; we saw incidents had been appropriately identified and action taken such as ensuring a person's immediate safety and referral to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks were managed safely. As far as possible people and their families were involved in their risk management planning. For example, one person was at high risk of choking and had made the decision to continue with a certain method of nutrition other than recommended. Reminders of how to minimise the risk as much as possible, were in place such as, 'the person to be alert when swallowing, sat up and using a teaspoon.' Daily records demonstrated staff monitored the person as per their care plan instructions.

- People's care records and risk assessments were in the process of transferring to an electronic care monitoring system. Staff could access people's records via electronic devices which provided information on people's needs and risks.

- Environmental risk assessments had been completed and a contingency plan was in place which detailed actions to be taken for different scenarios, such as, loss of heating.

- People had personal emergency evacuation plans (PEEP) in place, these contained information about an individual's mobility and what equipment might be needed for any evacuation. PEEPS also contained information about a person's sensory impairment and cognitive ability.

- Discussions with staff and observation of staff supporting people, demonstrated they knew people's individual risks well and provided safe care. For example, where a person experienced periods of anxiety or distress staff knew how to respond effectively. One member of staff explained how they sat and talked to a person about their life and interests to reduce their distress.

Staffing and recruitment

- There were enough staff to meet people's individual needs. For example, some people living at the service required one to one support to ensure they remained safe. We observed staff were available to respond quickly to people's needs and staff had the opportunity to spend time with people.

- People's individual staffing requirements were assessed, reviewed and updated regularly as people's needs changed.

- Relatives told us people received the care and support required in a timely manner. One relative said, "Staff respond quickly to [person] needs", another commented, "When I am in the home there always seem to be staff around, when in the room and ring the bell, they come along quickly."

- Staff had been recruited safely. All pre-employment checks had been completed including references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

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 meeting shielding and social distancing rules.

- 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 accessing testing for people using the service and staff.

- 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

- Family and friends were welcome to visit the service when they wanted, and we saw several relatives visiting during the inspection. During the pandemic a visiting pod had been created with a screen, comfortable seating, and a two-way microphone. Some people still preferred to use this private area.

Learning lessons when things go wrong

- The service had an open culture. Accidents and incidents were reported by staff and monitored by the registered manager. Information was analysed to identify any specific actions and to recognise trends.
- The registered manager used supervisions, meetings, and handovers to update staff, discuss learning and share ideas.

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

- We received positive feedback from healthcare professionals about how the service worked with them to ensure people received personalised care in line with current best practice. The registered manager and team have worked positively with the local NHS Trust to facilitate timely discharge from hospital to ensure they could meet people's needs in partnership. Initiatives included weekly meetings to discuss concerns and admissions into the service from the hospital. This helped to ensure the registered manager and staff were fully supported to facilitate a pathway to nursing care when people no longer needed hospital care. With appropriate training and support the service was able to support people with complex physical and mental health needs in an appropriate and homely environment.
- The registered manager has also significantly inputted to the Enhanced Health in Care Homes Framework. The Enhanced Health in Care Homes (EHCH) model moves away from traditional reactive models of care delivery towards proactive, collaborative care that is centred on the needs of individual residents and their families (part of the NHS Long term Plan). The registered manager has supported the format, content and discussions around priorities and developments and has shared the learning to date around training as well as acting as a conduit with other homes.
- Comprehensive person centred assessments of people's mental and physical health and support needs were completed prior to a person's admission into the home. Assessments were added to, to include individual preferences and care was planned, reviewed and delivered in line with a person's individual assessment. Care records were person-centred and showed a holistic assessment of people's individual choices and needs.
- Staff applied their training effectively which led to outstanding outcomes for people. For example, two people came to live at Primley Court with behaviours that were challenging and required two members of staff to be with them to prevent them harming themselves or others. Staff understood these challenges as a form of communication. They worked hard to understand what brought about the behaviours that challenged, what the person was trying to communicate. They made changes to the environment rather than trying to change the person's response. As a result, people became more relaxed, happier and positively engaged at Primley Court and no longer required intense supervision. Another person who required complex nursing care was discharged from hospital to the service. Staff took additional training in managing and monitoring the person's PICC line. This is a Peripherally Inserted Central Catheter (PICC) which gives access to large veins. It's generally used to give medicines or liquid nutrition. As a result of staff's clinical interventions and care the person improved. This resulted in them being able to move back home.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were exceptionally well trained. We saw people with complex needs received care and treatment from knowledgeable and competent staff who had the skills and relevant qualifications to meet their needs. Comments from relatives included, "[Staff] know how to move and handle [person] in the correct way" and "Staff seem very well trained."
- The provider was keen to ensure their staff were trained and supported to a high standard in order to meet people's needs, and exceed expectations. There was a system in place to monitor staff skills and staff had regular refresher training to keep them up to date with best practice. Where people had additional needs or complex needs, it was ensured staff were trained and competent to meet these needs. Training techniques included face to face, on-line and competency assessments. One member of staff said, "The training is very good, and we can also sign up to do NVQ 2, 3 or 4." Another member of staff commented, "We have done best practice and dementia which has been very enlightening, learning about how we can improve our person- centred care for (people with) dementia."
- New staff completed a comprehensive induction programme which included shadowing experienced staff and competency checks were undertaken. One member of staff commented, "The induction is very thorough."
- Staff induction and training was developed around a member of staff's individual learning needs and learning style to ensure they developed the necessary skills to meet people's varying needs. Staff were supported to take advantage of development opportunities such as NVQ qualifications.
- The registered manager had developed a 'Care Practice' manual which contained good practice guidance and expectations in relation to standards of care. Staff were from different backgrounds, and the registered manager wanted to ensure that expectations and standards were clear to all staff. The manual provided explanations for actions, such as the importance of recording accurate information, what staff should do and what they should not do. This manual was also used to advise and support agency staff working at the service. Guidance had also been produced on what good one to one care looked like and what was expected. As above, this had resulted in some people no longer requiring one to one care.
- Staff supervisions and appraisals were personalised, focussed on staff development along with knowledge checks and used reflective practice as a way to improve care provided to people. We saw evidence of regular supervisions and annual appraisals; records were very detailed and discussed topics related to dementia care, one member of staff said, "We have supervisions regularly, I find the issues and questions raised in supervision useful." Another staff member commented, "[Supervision] is really helpful and [registered manager] will ask questions that make you reflect on what you have done and how you can improve."
- The provider collaborated with different external organisations to improve the quality of people's lives. For example, ten staff had accessed a four-week dementia diploma course delivered by the University of Stirling. Completion of the course had enabled care staff to apply for roles such as 'dementia carer' or 'dementia lead'. The provider had also successfully worked with the University of Exeter as part of the iWHELD (Improving Wellbeing and Health for People living with Dementia) research programme. As a result, staff had become 'Dementia champions' to continue sharing their learning. It enabled staff to take the practical knowledge they have learnt and share it with other staff. This made a difference in the quality and the experiences of care people living with dementia received.

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

- People were supported by staff to eat and drink throughout the day. People's wishes, tastes and health conditions were considered when developing the menu. One relative told us, "The food is tasty", another said, "[Person] has dysphagia; they have a pureed diet and yes meals are good and [person] eats them."
- Primley Court has signed up to the local NHS Hydration Project. This meant there were hydration champions who monitored people's hydration needs. For example, hydration stations and mini hydration bars were located around the building offering snacks and a variety of drinks for people to have whenever they wanted. Staff also made mocktails for people if they wanted a treat.

- The kitchen manager was passionate about ensuring people received good nutrition and food they enjoyed. For example, one-person, preferred goats' milk and a separate rice pudding was made with this and prepared for them. Another person had a pureed diet but enjoyed chocolate. Staff sourced chocolate puddings and melted chocolate buttons for them.
- The kitchen manager had visited each person or spoken with their relatives to find out what they would like to see on the menu. They were devising a themed menu around the foods people remembered from their past. This had gone down really well with people.
- Staff had information about people's specific diets and International Dysphagia Diet Standardisation Initiative (IDDSI). This meant they knew if people needed a different consistency of meals to keep them safe from choking. Food and fluid monitoring were well managed, and information held in the kitchen included details of people's individual preferences. For example, one person's diet was divided into percentages of meat, carbohydrates and protein as advised by a dietician.
- Staff monitored people's weights, food and fluid intake; the electronic care planning system alerted staff when people had a lower nutritional intake. Where needed, we saw referrals had been made to dieticians and GP's.

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

- People had access to healthcare services and professionals according to their needs. These included their GP, dietician, speech and language therapist (SALT) and podiatry. Records we looked at confirmed this.
- Staff monitored specific health conditions such as people's weight and skin care and where required made timely referrals to healthcare professionals.

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

- The service had considered the impact decorations such as pictures and colours could have on people living with dementia. For example, the service had undergone investment and had improved the décor with colours aiding orientation, pictorial signage and coloured zones. This meant people were able to distinguish different areas of the building.
- The premises looked homely, and the service was clean; consideration had been given to the layout to enable people who walked with a purpose, to do so safely which helped people to live together.
- People's rooms were personalised, and they were encouraged to bring in their own things to make them feel at home.
- There was an appropriate range of equipment such as mobility and cutlery aids and adaptations to support the needs of people using the service. Such as an interactive light system which is activated by hand movement which people enjoyed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal

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

- The registered manager and staff were clear about people's mental capacity status and understood how to promote people's best interests. For example, one member of staff described a person's complex family dynamic around decisions about how care was delivered. They were clear about what the person's preferences were and had enabled them to make their voice heard by explaining the person's likes, dislikes and wishes around their care.
- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this. DoLs applications were monitored to ensure they were in date and that any restrictions were managed in people's best interest. Where conditions were imposed on authorisations, we saw these had been met.
- Independent advocates visited people to discuss best interests and to support people who can't make or understand decisions by expressing their views and wishes or securing their rights.
- Staff had received training in MCA and understood that some people might have fluctuating capacity and how this might manifest. We observed people being asked for their consent before they received care and treatment. Some people were not able to verbalise their agreement; we observed staff observe gestures and body language to confirm consent. Where people did not have the capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and we saw staff supported them in the least restrictive way possible.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 received care from staff who were caring, kind and compassionate. People and relative's comments were positive and included, "The staff are amazing, really friendly they do [person name] make-up and hair colour. Staff are good and the care is great I am very happy", "[Staff] are brilliant, they are very good and always make time for me", "Staff take their time they are very good", "The staff are fantastic. I come in every day and [person] is always well looked after and happy."
- People and their relatives also provided extremely positive feedback on carehome.co.uk with the home rated 9.4.out of ten. Comments included, "The care and love that my [family member] received was excellent. Truly caring staff. When I left my [family member] there, I felt that she was in very safe hands.", "Friendly and confident staff who were supportive of not just my mother but also of me and my family. Took the time to get to know my mother's history and life so enabling them to treat her as a person and not just a patient" .
 - People had their life history and personal preferences recorded. Staff knew people's life histories and individual preferences. Staff spoke about people in a compassionate genuine way. All were able to describe what people liked to do and what was important to them. One member of staff explained how one person loved physical interactions and they put their arms up for a hug every day. On each person's bedroom door was a personalised sign with photo and information which helped people find their rooms along with prompting staff with conversation topics.
 - Throughout the inspection we observed staff spending time with people and saw friendly kind and compassionate interactions. We observed staff comfort people who were distressed, sit and talk with people and reminisce with people about their life and what interested them. One person told us staff sat with them, talked and played dominos which they enjoyed. They said, "The [staff] are wonderful they have plenty of time for me." One member of staff commented, "We have 'lounge sitters' allocated on each shift. This means we know people in the lounge are ok and have company while we support other people."

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

- People and their relatives confirmed staff involved and listened to them around decision making. One relative commented, "I feel very well informed."
- Care records included guidance for staff about how to support people make as many decisions as possible for themselves.
- Staff knew people well and adapted their approach to gain consent in a way that people might understand such as gestures, body language or pictures.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible in their daily lives. For example, one member of staff was helping a person to drink. They said, "Do you want to do it?" and the person was able to. Another person liked to be as independent as possible but sometimes got their clothes mixed up. Staff ensured the person was looking dignified but did not make them change their clothes around if they were happy.
- People were able to get up and go to bed when they wished. One member of staff said, "If you are a night owl, why can't you carry on". One person did not like to interact with staff during Wimbledon. Staff respected their privacy. Another person often had mistaken a person's room for the lounge next door, staff had made the door very distinctive to minimise this.
- Staff demonstrated genuine concern and compassion for people and explained how they ensured people received the support they needed whilst maintaining their dignity, individuality and privacy. For example, staff made sure each person's room was how they liked it and pre-empted people's comfort by adjusting the curtains to shield the sun and ensuring people could see the view or had a good view from their bed or chair. Another example, one person often kept their bedding on the floor, so staff managed this so that the person was not upset by staff repeatedly picking it up.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Care records were personalised to the individual. People and their relatives were encouraged to contribute to the care planning activity. Relevant health and social care professionals who knew the person were also involved in the process such as, an Independent Mental Capacity Advocate (IMCA) who supported those who were unable to express their needs.
- People received responsive care and support to improve their health and well-being. For example, one person had a foot condition exacerbated by the fact they were reluctant to keep their feet elevated. Staff ensured the dressings were robust, kept clean and actively encouraged the person to elevate their legs on a stool as much as possible. Their foot was improving.
- The care plans contained detailed information about a person's life, interests and preferences along with guidance for staff on how to support people to maintain their interests and celebrate a person's successes.

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.

- Information was provided in a variety of different ways that people could understand. For example, one person had information presented in an easy read format including photographs.
- Staff understood people's individual communication methods. They knew how people expressed their feelings, so they recognised whether people required personal care, were in pain or how they communicated their choices. Staff ensured people's communication aids were available such as glasses and hearing aids.

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 encouraged to take part in a wide range of activities which contributed to their well-being. Activity co-ordinators worked at both The Court and The View and developed an activity schedule to meet people's varying needs. For example, activities included 'Fun with Wendy and Tanya', musical shakes, crafts, visits from spiritual leaders and musical entertainers. A harpist visited regularly and wheeled their harp to each room if people could not use the communal spaces. People had recently enjoyed a Platinum Jubilee party and Father's Day was celebrated where people received a present to celebrate all fathers. People's birthdays were also celebrated.

- People enjoyed a cinema room area with large chairs that promoted privacy. People were seen enjoying this space and watching a nature programme whilst having their breakfast with staff company. An overhead projector beamed interactive games onto a table. People could engage with the table as they passed or supported by staff to burst bubbles or follow butterflies. This helped to engage with people, especially those with limited communication.
- Staff used electronic devices to access music people specifically enjoyed and this was played in some communal areas or if preferred people had access to headphones. People also enjoyed singing karaoke with staff.
- People were supported to maintain their relationships with family and friends.
- People had access to outside space and used the terraces to sit out, pot herbs or do some gardening with staff.

Improving care quality in response to complaints or concerns

- The registered manager and staff team took complaints seriously, proactively responded to any concern raised and learnt from investigations. People and their relatives told us they felt confident to raise any concerns or issues with staff or managers and said they felt they would be addressed appropriately. One relative commented, "If I did have any complaints or concerns, I would speak with the manager they are always available to talk to".
- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys, comment boxes and meetings. Staff survey comments along with relatives' feedback was positive.
- People and their relatives said staff listened to them, responded and resolved any day-to-day concerns quickly. The provider had a complaints policy on display and where issues had arisen, we saw these had been responded to quickly.

End of life care and support

- The registered manager and staff team were knowledgeable about end-of-life care planning and engaged with people and relatives in any planning process.
- At the time of the inspection no one was receiving end of life care, however, care records contained general information about the care people might need as they neared the end of their life such as anticipatory medicines. Some people had DNACPR in place which showed discussions had occurred with people, their relatives and healthcare professionals about their end of life wishes. For example, around resuscitation.
- The service also worked closely with Rowcroft hospice, who provided training to staff around end of life care and the support people might need in their last days. The service facilitated referrals from this specialist service to continue their care pathway on their behalf.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and management team promoted a positive culture where people were placed at the heart of the service. People, their relatives and staff felt the service was well run. Comments included, "[Registered manager] is very good, and if you have any problems you can go to her, she understands and is flexible. She supports staff and manages very well, she knows all the residents properly", "[Registered manager] communicates well with staff and if you go to her with a problem, she will make a solution, she is always open with us. The morale is good" and "Management are supportive, and I think the [service] is well run."
- There was a clear management structure that was committed to providing outstanding care to people. The registered manager supported staff to reach their full potential in order for people to receive excellent care and support. For example, adapted supervisions aligned to staff's development and training needs. Developing and producing a care manual as an aide- memoir for staff to refer to. By providing development and training opportunities for staff to understand people's varying health and social needs the service has been able to continuously develop and offer a home for people living with very complex needs.
- Communication within the service was open and transparent between the management team, people, their relatives and staff to ensure everyone's voice was heard to continually develop and improve the quality of the service provided.
- Staff skills, commitment and morale was high. Staff told us the management team were approachable and led by example. One agency member of staff said, "I love working here. I tell my agency to put me at Primley Court, it has such a good human relationship with people." Another, staff member commented, "[Staff] feel able to promote good care. I love it here. We treat people how we would like to be treated. Its lovely working here. We work in people's home."
- People, their relatives and advocates feedback were sought regularly. Comments included, "[Staff] ask me and they send out surveys once a year. We can also go online" and, "Either they will ask me questions when I am there, or I might get a phone call. I think I have done a survey. I do get newsletters with information." Conversations and responses viewed showed they were happy with the standard of 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

- The management team promote an ethos of transparency and openness; this was embedded into the

staff team. There was evidence of continued learning, and any issues were raised with the appropriate authorities such as safeguarding teams.

- The registered manager understood their regulatory responsibilities and their duty to notify CQC of any incidents they are required by law to tell us about.
- The provider ensured people were kept informed and apologised if errors had occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care Working in partnership with others

- The registered manager and staff understood their roles and responsibilities.
- The registered manager, deputy and their staff team were committed to providing high quality care that was centred around an individual's needs. Staff worked effectively together to ensure people received positive outcomes.
- The registered manager belongs to and is an integral part of various initiatives and forums to improve care practice, share learning and IT development as well as acting as a conduit with other homes. For example, the registered manager and team have been involved in the development of the local Enhanced Health in Care Homes Framework (part of the NHS Long term Plan). One healthcare professional stated, 'The whole ethos of the framework is around collaborative working and [registered manager], despite the pandemic and all associated challenges, has been a very active and valued member of the collaborative team progressing this work'.
- The registered manager and staff team work closely with the local clinical commissioning group (CCG) to ease delayed discharge at the hospital. The partnership has enabled Primley Court to access additional staffing to support people with complex needs. Weekly discussions had also helped to improve discharge planning and delivery of care.
- Quality assurance systems were in place to monitor all areas of the service. The registered manager and management team continually strived to improve the outcomes for people and any areas identified for improvement were actioned quickly.
- Findings of lessons to be learnt were shared with staff to reduce the risk of re-occurrence. The registered manager had a good overview of the service, outcome of audits and oversight of any action plans to ensure improvements were completed in a timely way
- Training is monitored to ensure staff remain up to date. The service also works collaboratively with a number of external agencies such as Torbay and South Devon NHS Foundation Trust, Torbay Local Authority, Bladder and Bowel team and SALT to develop staff's skills, knowledge and best practice. For example, the service has taken on initiatives in relation to UTIs, wound and pressure ulcer care and oral healthcare. The service works with the hospice service and Mental Health teams to ensure people receive the best possible care. As a result of this, the service is able to provide health and care to people living with complex health related treatments and dementia to deliver personalised care and treatment to people. This is corroborated by positive comments from health care professionals.
- The Relatives and Friends Support Group of Primley Court were re-convening in July 2022 and had rearranged a seminar at a local hotel with speakers 'Working together to understand the dementia journey'. All were welcome.
- Staff from Primley Court were engaging with the local community by participation in a sponsored walk raising dementia awareness for the Purple Angel Dementia Campaign.