

Care UK Community Partnerships Ltd

Priors House

Inspection report

Old Milverton Lane
Blackdown
Leamington Spa
Warwickshire
CV32 6RW

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Website: www.careuk.com

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

The inspection took place on 18 April 2017 and it was unannounced.

Priors House is a purpose built nursing home which provides care over two floors to people including people who are living with dementia and people who have a physical or mental disability. Priors House is registered to provide care for 80 people. At the time of our inspection visit there were 70 people living at the home. On the ground floor, residential and dementia care was provided. People living on the first floor received residential and nursing care.

Priors House was last inspected in May 2016 and was rated as 'requires improvement'. We returned to check if required improvements had been made to the responsiveness of staff to meet people's needs and to the governance and management of the home. At this inspection, we found improvements had been made.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives gave positive comments about the care and support they received. People received care that enabled them to live their lives as they wanted and people were supported to remain as independent as possible. People were encouraged to make their own decisions where possible and care was given in line with their expressed wishes. People were supported to maintain relationships and keep in touch with those people who were important to them.

Care plans were detailed and contained accurate and up to date relevant information for staff to help them provide the individual care people required. People and relatives were involved in making care decisions and reviewing their care to ensure it continued to meet their needs.

Where people were assessed of being at risk, care records included information for staff so risks to people's health and welfare were minimised. Staff had a good knowledge of people's needs and abilities which meant they provided safe and effective care. Staff received essential training to meet people's individual needs, and effectively used their skills, knowledge and experience to support people and develop trusting relationships.

People's care and support was provided by a trained and caring staff team and there were enough available staff to be responsive to meet their needs. People told us they felt safe living at Priors House and relatives were confident their family members received safe care and treatment. Staff knew how to keep people safe from the risk of abuse. Staff understood what actions they needed to take if they had any concerns for people's wellbeing or safety.

The registered manager and care staff understood their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, staff's knowledge and people's records ensured people received consistent support when they were involved in making complex decisions, such as decisions around their personal safety or where they wanted to live. People said staff gained people's consent before they provided care and supported people to retain as much independence as possible.

People were supported to pursue various hobbies and leisure activities and people had a variety of activities to interest them. The registered manager wanted to further develop the activities programme to ensure people's stimulus was maintained.

People had meals and drinks that met their individual requirements. People received support from staff when they required it, and anyone at risk of malnutrition or dehydration, were monitored.

People knew how to raise concerns or complaints if they needed to. Information in the home advised them how to raise complaints and expected timescales and action.

People and relatives feedback was sought by completing provider surveys and regular attendance at meetings held in the home. The registered manager told us they had an 'open door' for anyone who needed to see them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and were supported by enough staff who were available to provide their care and support when required. Staff understood their responsibilities to report any concerns about people's personal safety or if they believed people were at risk of abuse or harm. People were supported with their prescribed medicines from trained staff which ensured people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the relevant training and skills for their roles. The registered manager and staff understood and worked within the principles of the Mental Capacity Act (MCA) by making sure people's freedoms were not unnecessarily restricted. Staff sought people's consent before they provided any care or support and respected people's decisions. People were referred to other healthcare professionals when their health needs changed and advice was followed to maintain people's health.

Is the service caring?

Good ●

The service was caring.

People were respected as individuals and staff were kind, considerate and caring in their approach, when they supported people. Staff were understanding and patient when people needed support. Staff were reactive and provided emotional support for people who became anxious or upset. Staff had good knowledge of people's individual preferences and how they wanted their care delivered and how they wanted to spend their time. Staff understood the importance of promoting independence by supporting and encouraging people to do certain tasks they could do themselves.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and provided their care and support in line with their agreed wishes. People and their family members were involved in care planning decisions and regular reviews in how their care was delivered. Staff supported and encouraged people to maintain their interests, to socialise and participate in activities that were meaningful to them. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

The service was well led.

People, their families and staff told us the recent managerial changes had been positive. These changes gave people and staff confidence to raise concerns knowing action would be taken. The management team worked well together and wanted to continually make improvements within the service.

Good ●

Priors House

Detailed findings

Background to this 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 was planned to check 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.

This inspection visit took place on 18 April 2017, was unannounced and consisted of three inspectors.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

To help us understand people's experiences of the service, we spent time during the inspection visit talking with people in the communal areas and in their own rooms, with their permission. This was to see how people spent their time, how staff involved them, how staff provided their care and support and what they thought about the service.

We spoke with seven people who lived at Priors House and four visiting relatives. We spoke with the registered manager, an operations support manager, a nurse, one unit lead manager, two team leaders, eight care staff and one maintenance worker.

We looked at seven people's care records and other records including quality assurance checks, training records, meeting records, observation records for people, medicines, nutritional charts and incident and accident records. We sampled records of staff meetings and records of people and relative meetings, as well survey results and feedback to see how people's voice was listened to and acted upon.

Is the service safe?

Our findings

People told us they felt safe living at Priors House. One person said, "I feel safe because there are always people around me." Another told us, "I feel very secure here." People told us why they felt safe, saying it because strangers were not able to enter the building. Relatives told us they felt confident their family members were safe. One relative told us, "I know (Person) is in safe hands here, I have every confidence in the staff." They told us having this level of confidence meant they did not worry about their relation when they were not able to visit.

There were enough staff to meet people's health and physical needs. People and their relatives told us there were enough care staff and nurses to provide the care and support people needed. Comments included, "Plenty of staff, if I press the buzzer they come to me," and, "Always around when I need them." During our visit we observed there were sufficient numbers of nurses and care staff to meet people's needs. Staff felt staffing had improved and staff said there was enough staff on shift to support people's needs. The registered manager said staff numbers and staff continuity had improved over recent months. They said the homes dependency on using agency staff had reduced and further planned recruitment would see this reduce even lower, to ensure continuity was maintained and improved.

People were protected from the risk of abuse or poor practice. Staff understood their responsibilities for keeping people safe and demonstrated their awareness of what constituted abuse. One said, "Abuse could be neglect, unexplained bruising or self-harm. I have a duty to keep people safe." Staff told us they had completed training in safeguarding and knew what they should do if they had concerns about people's safety or if they suspected abuse. Our discussions with staff confirmed they understood the importance of reporting concerns to a senior member of staff. One staff member said, "I would report straight to my team leader. They would tell the manager and they would decide what action was needed." One staff member said, "If I thought action had not been taken I could phone the police or CQC." The provider's whistle blowing policy (a whistle blower is a person who raises concerns about wrong doing in their workplace) was on display for staff. Staff confirmed they were confident to raise concerns if they witnessed poor practice.

The provider used a variety of recognised risk assessment tools to identify where people were at risk. Risks to people's individual health and wellbeing were assessed and action taken to minimise the risks. People's care plans identified risks to their health and welfare, the control measures in place and the equipment and number of staff needed to support them safely. For example, senior or nurse staff assessed risks to people's mobility, nutrition, skin, sleep and well-being. Where risks were identified, care plans recorded how to minimise those identified risks. Staff were knowledgeable about the actions they should take and how they needed to support each person to keep them protected from risk. For example, staff understood that the time of day and certain activities during the day could increase or decrease the level of risk to some people's safety and well-being. People's risk assessments had been reviewed monthly in-line with the provider's policy which ensured staff continued to provide the care people needed.

Staff demonstrated a positive approach to risk taking and recognised that whilst some people's decisions presented a risk, they respected their decisions. For example, one person was at risk of falls due to a health

condition which made them unsteady when walking and we were made aware they had fallen during the week prior to our visit. One staff member told us how they managed this risk. They said, "(Person) is fiercely independent but we encourage them to use their frame so they walk steady or we use their wheelchair over longer distances."

Staff told us this person's bed was lowered to the floor to minimise this risk of them falling out of bed. In addition, staff placed 'crash mats' (mattress on the floor) in case the person rolled out of bed, to help reduce the risk of injury. A team leader told us about one person who had been assessed to determine if bed rails could be used but a decision had been made that these were not appropriate. They told us, "The doctor is aware of the person's falls." However, records showed the person had not been referred to the specialist falls team for further advice to manage their falls. The registered manager agreed to discuss this with the person's GP.

The provider had taken measures to minimise the impact of unexpected events. For example, there was a fire procedure and fire risk assessment on display in a communal area of the home. One person said, "If there is a fire, we stay where we are until the staff tell us where to go, the staff know what to do for the best." Staff knew what to do in the event of an emergency situation. One staff member told us, "We had a false alarm last week when someone burnt the toast. Everyone followed the procedure which shows it works." Another said, "We have regular training but the most important thing is to reassure people it will be okay." Personal evacuation plans were reviewed and available to staff and emergency services so it was clear what support people would need to evacuate the building.

The provider had a procedure for recording and monitoring accidents and incidents. The registered manager analysed the records each month to identify any patterns or trends to reduce the likelihood of them happening again. For example, some people had fallen and we saw preventative measures such as seeking medical advice and providing equipment which alerted staff the person was moving, had been implemented to reduce the risk of people falling again.

Checks of the equipment in use at the home took place to ensure it was safe for people and the staff to use. For example, the fire risk assessment had been reviewed in November 2016. A maintenance team worked at the home to undertake general repairs and complete the checks such as, water temperature checks. Records showed these checks were taking place.

People told us they received their medicines when required. The medicines administration records (MAR) we looked at, were signed by staff as having been administered and up to date, which showed people's medicines were administered in accordance with their prescriptions. However, when we checked medicine stocks against those administered, we found two examples where they did not match. The nurse could not explain why. We also found two prescribed creams which had been opened but no date of opening was written on the cream. This is important so staff know when the cream has reached its expiry date. We gave this feedback to the registered manager who agreed to look into the reasons why?

Records did not always show where on the person's body, patches which delivered pain relieving medicines to people, had been placed. We found one example where the chart was not completed, although the nurse knew where to locate the next patch. This is good practice because some patch relief medicines cannot be applied on the same parts of the body within certain periods of time. The nurse and registered manager said it was their expectation that patch medicines were recorded on a body map and MARs should balance with available stocks. Time critical medicines were given at the required times and in accordance with pharmacist advice. However, no guidance from the GP or pharmacy was available to show what medicines should be crushed. We told the nurse who agreed to seek pharmacist and GP advice.

PRN Protocols (medicines given as required) provided important information about each medicine, when it was to be given and maximum dosage within 24 hours. Each person's individual PRN medicines had a protocol in place. Nurses and senior staff were trained to administered medicines and the nurse said the registered manager assessed them when administering medicines to ensure they remained competent and safe to do so. The nurse said they checked other senior member's competency, once they had been assessed themselves.

Is the service effective?

Our findings

People told us they believed staff were well trained and knew about their individual needs. One person said, "Yes, I think staff are well trained. I think they know what I like more or less."

The provider had effective systems to ensure staff were trained and new staff employed at the service had an induction that equipped them with the necessary skills and support. A recently recruited staff member told us they felt well supported on their induction to the job. They told us, "I am on induction and am currently on a probationary period. I get a lot of support and the manager's door is always open." They said the registered manager and senior staff checked on their progress, "They ask on a daily basis if I am okay." They added, "When I started I had to bring in my training certificates but I still needed to refresh my training. The team leader is assessing me, that is an ongoing thing."

Another recently recruited staff member said, "I am still learning and am still doing quite a lot of shadowing. Next week I am doing dementia training which will be the start of my proper training." They said, "I have been offered the chance to do my diploma (this is a qualification in health and social care that can be undertaken by care staff) after six months but I am on probation at the moment. I am starting some online learning this week which will be part of the care certificate." The Care Certificate sets the standard for the skills and knowledge expected from staff working in a care environment.

Staff told us they received essential training that enabled them to effectively support people and they received training specific to some people's needs. One staff member told us how they had put some specific training into practice. They said, "The pressure care training helped me understand how to use the 'waterlow' table and what to look out for on people's skin." Throughout our inspection visit we saw staff putting their training into practice. For example, we saw staff assisting people to transfer into easy chairs. Staff used safe and effective techniques when mobilising or transferring people. One person told us when they were hoisted, they felt safe, and comfortable knowing staff knew what to do.

Most staff, with the exception of newly recruited staff told us they had regular 'supervision' meetings with a senior member of staff. One staff member said, "I have a supervision meeting every couple of months. We talk about how we are doing, what training I might need or want, that kind of thing."

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 that, as far as possible, people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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 registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had submitted DoLS

applications where they believed people lacked capacity. The applications were to restrict people's freedoms in certain areas, such as not leaving the home unsupervised.

Care records contained information for staff on which decisions people could make for themselves and those where they needed support. Where it had been determined people lacked capacity to make particular decisions, this was recorded and there was evidence that the provider had made decisions in people's 'best interests, consulting with family, professionals and others where appropriate. Staff had an understanding of MCA and DoLS. Speaking about one person, a staff member told us, "I would say they do not have capacity to make most decisions. [Name] has a DoLS in place. It is there to do things in their best interests. If [name] walked out the door they would be vulnerable, so we do things in [name's] best interests." Another staff member said, "It [MCA] has five key principles. One is that you should not assume the person does not have capacity unless it is proved otherwise."

People who had capacity told us staff sought their consent before they did anything and people said staff regularly offered them choices, such as wear to sit, what to do and what they wanted to eat. This was supported by our observations. For example, we heard one staff member saying, "I am going to get you into your chair now [name], is that OK with you?" Another staff member asked someone, "Do you want to hold my hand?". In response, the person said, "No, I don't want to hold your hand." We observed the staff member respected the person's wishes and moved away from them.

People told us they enjoyed the food and were given choices at each mealtime. "The food is top class...the soup is the best thing. It's different every day and served piping hot with fresh bread." Staff spoke knowledgeably about how they supported people who might be at risk of not eating or drinking enough. One staff member said, "We have seven or eight people [on this unit] where we monitor how much they drink and we record it. Most of those people have a target of between 1200 and 1400 mls of fluid per day." Staff knew what action they should take if they found people were not eating or drinking enough. One staff member said, "If someone was not meeting their target amount [of fluids], we would try harder to push fluids but you can't force people. We might need to escalate to the manager if this did not work." We reviewed food and fluid records in place for two people who were at risk. We saw these were completed regularly by staff and that they were accurate and up to date. Where people needed support to eat and drink, we observed staff provided this support.

Care and nursing staff said people had access to other healthcare professionals when required. Records showed people were supported to access a range of medical professionals on a regular basis, but also when there was a change in or a concern about their health and wellbeing. For example, one person living on the dementia unit was clearly agitated during our visit, walking up and down the corridor, making verbal and physical threats to staff and visitors. The team leader on the unit explained the person was more agitated than normal, as they had an infection, for which they had begun taking antibiotics the previous day. The person's care records showed staff had acted quickly to seek medical treatment when they observed an escalation in the person's agitated behaviour.

Is the service caring?

Our findings

People told us staff were considerate, kind and caring when staff provided their care and support. Relatives were complimentary of the staff and the quality of the care provided and this was supported by people living in the home. One person went as far as saying, "I would recommend this place," and the person 'put their thumbs up' to us. This person added, "The staff, the food, it is all good. Yes, the staff are very good, seriously. I think they are very caring." Another person said, "What we have here has been first class and it has been done in a nice way." They said, "The staff are fantastic – first class. I have been treated so nicely which matters to me. I could not have picked anywhere better." A relative was complimentary of staff saying, "I truly believe staff have people's best interests at heart."

Staff behaviours and attitude to their work showed they wanted to look after people who were in their care. Staff told us what being 'caring' meant for them. Comments included, "I like to think it is keeping people safe and clean. It is how I would want my parents to be treated"; "It is about enabling people to do everyday things we all take for granted. It is about treating people with respect and dignity and It is about having companionship with people, someone to talk to and listen to so they don't feel alone." People's care records included important information for staff on how they should treat people as individuals and with dignity and respect. For example, one person's care record documented, "Spend time with [name] chatting with them. Support them by listening and responding with respect." We saw this happened during our visit.

Staff enabled people to remain as independent as possible. Staff understood the importance of supporting people's independence, and we observed staff doing this throughout the day. Staff told us about the things they did that helped promote independence and choice. One staff member said they recognised independence was important, "By giving people everyday choices that everyone should have so they can stay independent." They understood as people's health deteriorated, "People's life might change if they become disabled, but this does not mean life has ended."

Staff supported independence in the home by supporting people to help them with daily tasks. For example we saw some people were encouraged to help clear away after lunch, and one person was clearing tables of cutlery and tableware. We saw this person dropped a bottle of sauce on the floor, staff were quick to respond to this by reassuring the person this was fine and asked if they need help to pick the bottle up.

People told us when staff helped them with personal care or sensitive situations, staff respected people's privacy and dignity. We observed one staff member entered a communal lounge area and noticed a person's skirt had ridden up their legs slightly. The staff member discretely spoke to the person, asking if they could move their skirt down so their legs were covered. The person reacted positively to what the staff member had said.

Staff told us how they ensured people had privacy. One staff member said, "I reassure people, especially if it is the first time I have supported them as they can be embarrassed. Obviously you have to make sure curtains are shut and things like that too." We saw some people had keys to their own room so they could lock their bedroom doors, which they kept with them throughout the day. This gave people added

reassurance and maintained their privacy if they did not wish to be disturbed.

During our inspection visit we saw positive examples between people and staff. It was clear when people and staff spoke with each other, they were calm, comfortable and relaxed, especially when they chatted and laughed with each other.

People got on well with others living in the home and we were told new friendships had been formed. We saw just before lunchtime one person knocked on the bedroom door of two other people to invite them to lunch. We heard the person say, "Are you coming for lunch, let's sit together." We saw during lunchtime people chatted to each other and showed concern for each other's well-being. One person told us, "We get on well together here. We all enjoy each other's company and like having a chat." Some people talked with each other in the bistro area over a hot drink, while others choose to sit quietly or read a newspaper.

People were encouraged to maintain relationships important to them. Relatives were encouraged to be involved in their family member's care and there were no restrictions on visiting times. One relative told us, "It is an open door policy so I can come to visit whenever I want. It is nice to come in at any time because you can actually see what is going on." Another said, "I am invited to stay for lunch sometimes." They explained this made them feel welcome. We saw one relative sit with their family member in their room, before they both moved into the garden area to enjoy the sunshine.

One relative told us of plans to celebrate an important occasion. They said staff were planning a surprise party for their relative's upcoming birthday. They said, "Staff are so thoughtful and caring, (Person) loves being the centre of attention so a party will make them really happy."

Is the service responsive?

Our findings

People said the service was responsive to their needs and when help was required, staff were quick to respond. One person said of the service they received, "It's exceptional." They told us if they used their call bell at night, "Staff arrived quickly." They told us about one person who was sometimes unsettled in the night and said staff went into see them to check they were okay.

During our inspection visit we saw staff were responsive to people's needs and staff were available when people needed them. For example, one person was supported by staff to go back to their bedroom to watch their favourite television programme. Another person told us they wanted to have a bath but they were a bit worried because they could not get in and out of the bath without support from staff. During our visit we saw a staff member took the person to the bathroom and showed them the bath and explained how the staff could help them. Later in the day the person told us, "I feel better about it all now, I know how the bath works so I am going to give it a try."

Relatives were pleased with the support of staff and one relative explained how the staff had been responsive to their relative's individual needs. Due to a health condition their relative was reliant on medical equipment to maintain their health. When the person moved into the home they had been provided with a large piece of equipment which due to its size had to be stored in their bedroom. In response to this, staff had liaised with health professionals and sourced a smaller and portable piece of equipment. This resulted in the person being able to spend more time socialising with others in the home and this had had a positive effect on their relative's well-being.

We saw one person used to be an artist and their paintings were displayed in the corridor outside their bedroom. A staff member explained that it was '(Person's) gallery' and because the artwork was so beautiful if was on show for everyone to enjoy. The person told us they still enjoyed painting and they had opportunities to do this at Prior's House. This meant they were supported to maintain their own interests. We saw another person painting with staff support and staff responded quickly when the person was not entirely happy. One person said, "I just seem to be making splodges, these tools don't lend themselves to artistry do they?" In response, the staff member got suitable paint brushes and brought them for the person to use.

People told us they enjoyed the activities that were available to them and they were involved in planning and reviewing social activities. One person told us, "Activities are the best thing here, something for everyone." They explained they enjoyed the group activities because it made them feel involved and gave them the opportunity to make new friends. Comments from relatives included, "Very good activities," "Always something going on," and, "The activities people are so enthusiastic and full of energy it makes the place feel alive." Staff spoke positive about the activities. One staff member told us, "Activities are really good, something for everyone." Another told us, "People really seem to enjoy the activities and are keen to get involved." During our visit we saw people chose to take part in a 'debate group'. All of the people who attended were keen to participate and share their views and opinions on current news stories. Later on in the day one person said, "I really enjoyed that it. A bit of conversation is good for my mind."

Before they moved into Priors House, people and their relatives were involved in a detailed assessment of their needs. During this process people had the opportunity to ask questions and it was explained to them what it would be like to live at the home. People were provided with information to help them make their decision. One person said, "I was a bit worried before I moved in but everything was explained to me and I felt at ease. Moving here is the best decision I have ever made." A relative commented, "This home is amazing, from my initial enquiry to moving in everything was handled really well."

Care records were detailed and personalised to people to ensure they received their care and support in their preferred way. One member of staff said, "It's all about the people, their choices and their lives." For example, what time they preferred to go to bed and what they enjoyed to eat. Information had been gathered to create people's life stories which included their happiest memories and achievements. A member of staff said, "The more we know about people the more we can provide personalised care." Records showed people's needs and abilities were reviewed every month and their care plans were updated when their needs changed. Staff told us they had time to read care plans however; they did not solely rely on this information. They explained how they spoke with people to make sure care was provided in-line with their wishes. One said, "People need more help on some days than others so I always double check."

People and their relatives told us they were involved in care planning and regular reviews took place. One relative told us, "If I'm at home and they [staff] think I need to know something they phone me. They don't just make decisions." They told us this made them feel involved and informed about their relative's well-being. Staff told us how they supported people to make choices. For example, they held up two jumpers and the person choose which one they would prefer to wear. This meant that staff were supporting people to make choices and communicating in a way people understood.

Memory boxes were located outside some people's bedrooms. They contained photographs and things that they enjoyed. For example, one person had previously won trophies for playing tennis and the box contained their trophies. A member of staff said, "The boxes serve two purposes. One is to help people to locate their bedrooms so they are not reliant on us and the other is for us to know what people like so we can spark up conversations."

A keyworker system was in place which meant people received continuity of support. Two people we spoke with told us they had chosen their keyworkers because they trusted them and had built up good relationships. A relative described their relations keyworker as, 'golden'. They explained how having a named worker made it easier to share and gather important information about their relative to ensure they remained happy and healthy.

People and their relatives were actively encouraged to put forward their suggestions and views about the service they received and the running of the home. People told us they were confident actions would always be taken in response to their feedback. Group meetings involving people who lived at the home and their relatives were held regularly. The dates of planned meetings were on display so people would know when to attend. People and their relatives confirmed the meetings were well attended and minutes recorded what was said and actions that were required.

People and their relatives told us they knew how to make a complaint if they needed to, which included speaking to the registered manager who they found approachable. All felt confident action would be taken to respond to their concerns. Comments from people included, "I would definitely have my say if something was wrong," and "I would go straight to the office if I was dissatisfied." A person's relative told us, "We have no complaints, we have had a couple of niggles but they were resolved once I spoke up." Another relative explained they had recently raised a concern regarding the laundry arrangements in the home with the

registered manager. They said, "The manager listened and things have now improved. I am happy."

The provider's complaints procedure was displayed in the entrance hall. There was also information about external organisations people could approach if they were not happy with how their complaint had been responded to.

Is the service well-led?

Our findings

When we inspected the home in May 2016, we rated the service as required improvement. We found staff were not always responsive to meet people's needs and the systems for quality monitoring and governance of the home were not always effective. At this inspection, we returned to see if the required improvements had been taken. This was to ensure people received a service that was responsive, from a provider that effectively managed the service and implemented improvements through their own checks and audits. We found improvements had been made.

Comments people made to us in the 'Responsive' section of this report showed improvements had been made. People said when they needed help and assistance, staff were able to support them quickly. People said since the last inspection their overall experiences were more positive. The registered manager said following the last report they had made improvements. They explained staff agency use had decreased and recent recruitment drives would see this reduce to almost nothing. The registered manager said having a full staff team and not reliant on outside agencies meant they had better control and management of staff and the staff rotas. Staff said there were enough staff and consistent permanent staff meant they could provide a good quality of care.

The registered manager recognised the importance of involving people in being inclusive about raising standards and communication within the home. They explained their actions to improve communication and invite feedback. For example, they told us about a 'small group of residents' who were chosen to be a focal point for people who wanted to share their concerns anonymously. We spoke with a person who was involved in this group. They told us, "It's only just started, once a week we receive complaints from this floor. I represent people's views if they want me to." They said, "It's a very good idea, a way of filtering them." If actions needed to be addressed, they were confident management would listen and do what was necessary to improve.

People and relatives told us the registered manager was visible, approachable and listened to their concerns and feedback. As we arrived at the home, we saw an external banner that promoted a meeting with the registered manager later in the week. The registered manager said this meeting was to involve the local community to help promote the home. They said people living in the home wanted to be involved and had been included. We spoke with one person who told us they wanted to be available to talk about the home to visitors which gave them the chance to say how pleased they were with the service. They said, "I'm going to the 'meet the manager' event. I want to observe and be able to answer questions."

The operations support manager and registered manager said during the last 12 months they felt the efforts they had put in towards building a strong team and working closer with people was showing positive results. From people's comments it was clear improvements had been made. People and relatives knew who the registered manager was and gave us positive comments such as, "I know the manager, they have a good presence" and "I like the manager she gets things done." The registered manager said they had an 'open door' and people, relatives or staff were available to speak with them. Staff comments were, "Managers are very approachable and supportive. They are really good" and "Managers always come up to me, they ask

how we all are and how we are all feeling." Some comments people made were, "I know the manager, they have a good presence" and "I like the manager she gets things done." Relatives shared the same opinions. One relative said, "Managers are very professional and if something goes wrong they are honest...that makes me trust the managers." Another relative said, "Full praise for how the home is led."

Staff gave us positive comments about the home, working there and the support they received from their peers upwards. Staff said shifts now operated more effectively and overall organisation was much better. Staff told us the home was well managed and one improvement was that staff worked well together as part of a team. One staff member said, "There is good communication, which is very important in a care home." Another staff member said, "The [registered] manager and deputy are always popping in (to each unit) and are always available." Staff said, "I have faith in my team leader and unit manager. They are really good leaders" and "The culture here is focused on teamwork – I think that's good leadership."

There was a programme of effective audits and checks such as fire safety, care plans, pressure area care, health and safety, infection control and medicines. These audits were completed and where improvements were identified, these were put onto one, 'Service Improvement Plan'. The registered manager said this made it easy to identify what needed improvement and provider visits and visits from the operations support manager checked actions were taken. The operations support manager told us audits and checks were monitored by them and the provider. They said where issues were identified across a region, internal quality assurance teams were deployed to investigate further. We saw examples of some of these audits which matched our rating system of Safe, Effective, Caring, Responsive and Well Led. In the March 2017 report, the internal quality assurance team rated this home as 'Good'.

We saw the March 2017 survey results from people's feedback which was positive. Results for Priors House showed an overall satisfaction score of 86% which was higher than the company's average of 82%. These results were displayed in the communal area and summarised by 'You said, we did'. People were listened to and action was taken to meet their wishes. For example, people wanted a bird box in the garden. We saw a bird box in situ and it contained a camera. People and relatives watched and recorded nesting activity. During our inspection visit, eggs were laid in the nest and people were enthusiastic to watch the progress. People were voting for what they wanted next based on their 'top three' choices. The operations support manager said the provider covered the costs to buy what was required.

Accidents and incidents were recorded and analysed by the registered manager to check for patterns or trends. The registered manager said they did this because it identified how, where and how incidents took place. They told us their analysis over the last few months had not identified any patterns but it was continued to be monitored monthly.

The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. The provider ensured there was a registered manager in post and the provider submitted their PIR to us which reflected what we found during our inspection visit.