



Inspection Report on

Priory Residential and Nursing Home

**The Priory Nursing & Convalescent Home
Llandogo
Monmouth
NP25 4TP**

Date Inspection Completed

28/09/2023

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About Priory Residential and Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Adriana Ltd
Registered places	57
Language of the service	English
Previous Care Inspectorate Wales inspection	13/04/2022
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Most people are happy with the care and support they receive at the service. Opportunities to participate in planned events and activities are available, but levels of social interaction and stimulation on a day-to-day basis vary. Each person has a personal plan of care which is reviewed regularly. These plans do not contain sufficient guidance to direct staff on how best to support people who may be experiencing anxiety and distress. Personal plans do not always identify people's personal outcomes and aspirations or how these can be met. People and/or their representatives are not fully involved in the development and review of plans.

Care staff treat people with respect and dignity and are safely recruited. Staff support and training is lacking in some areas. Oversight of the service on a day-to-day basis from the registered manager is not sufficiently robust. The Responsible Individual (RI) is based at the service and completes required reports in accordance with the regulations. Further improvements are required to ensure the regulatory body is informed for all notifiable events. Health and safety checks, and monitoring of these, are not sufficiently robust.

The required improvements in relation to the standards of care and support provided to maintain the safety and well-being of people identified at the last inspection have not been achieved. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Well-being

People are encouraged and assisted by care staff to be as healthy as they can be. Clinical oversight and monitoring of people's physical health needs have recently improved. In contrast people are not always receiving consistent support to manage their mental health and emotional needs due to a lack of sufficient guidance for care staff to follow. People have access to GP services and appointments with health and social care professionals are arranged. The storage and administration of medication is monitored and is in line with the medication policy to ensure medical conditions are managed accordingly. People's likes and dislikes, allergies and specialist diets are known and catered for. Drinks are offered and topped up, as necessary. The service had been inspected by the Food Standards Agency and had been given a rating of 5, demonstrating the service was rated as very good.

We noted a contrast in the level of social interactions and general stimulation being provided for people to support their wellbeing. There are opportunities to be involved in planned events and activities. Residents' meetings are held. A new activity co-ordinator is undertaking a review with each person of their interests to help develop personalised activity plans. During our visit we saw staff interactions with people were predominantly task orientated. People appeared to be spending long periods of time with limited or no interaction from staff which can lead to boredom, feeling of isolation and lack of stimulation.

People cannot be confident they will always be kept safe from potential harm. Risks to people are assessed and monitored. There are systems in place to record accidents and incidents. Character and suitability checks of staff to undertake their roles before providing care are completed. The provider has a safeguarding policy and guidelines for staff to follow and the service now works in partnership with other agencies to participate in the safeguarding process. However, systems to help mitigate risks to the health and safety of people at the service are not sufficiently robust. The service has a range of health and safety checks which should be completed on a regular basis. Fire safety checks and monitoring of fire equipment are not completed on a regular basis. Monitoring of water temperatures is irregular and legionella testing is overdue.

In addition, imposed restrictions to manage perceived risk of harm do not always include the person or their representative in the decision-making process. People should be able to contribute to decisions that affect their day-to-day life. Where people lack the capacity to make important decisions relating to their life, appropriate assessments are not completed consistently to explain and justify the introduction of measures which restrict people's freedom and liberties.

The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrate a significant effort to promoting the use of the Welsh language and culture. We saw bi-lingual signage around the home. We were told that documentation could be provided in Welsh if required.

Care and Support

Each person receiving a service has a personal plan that outlines their basic care and support needs. Plans do not detail how staff can support people with specific needs, for example, supporting someone who experiences anxiety and distress. Risk assessments and management plans identify people's vulnerabilities and promote safe practice. However, we noted one occasion where a referral to the falls team had not been followed up despite further falls being recorded. Daily recordings and supplementary monitoring charts are in place and we saw plans are reviewed regularly. Personal outcomes or goals for individuals and how these can be achieved are not included. Evidence of people's involvement in reviews and decision-making processes are not always included. These require further improvement, and we expect the provider to take action to rectify this and we will follow this up at our next inspection.

Systems in place to ensure that people's best interests are promoted are not sufficiently robust. Where people lacked the capacity to make important decisions relating to their life, appropriate assessments are not completed consistently to explain and justify the introduction of measures which restrict people's freedom and liberties. For example, the use of bed rails, motion sensors and sensor mats, and the recently introduced hourly welfare checks during the night for all residents. Additionally, no evidence was available to show people with capacity had been consulted about and agreed to hourly welfare checks. Where applications for deprivation of liberty safeguards (DoLS) have been authorised, actions required by the service provider are not consistently completed. For example, the regular review of capacity assessments in respect of covert medication had not been completed. Additionally, the service provider has not submitted the required notification of applications made for DoLS authorisations to CIW.

Most people we spoke with during our visit were happy with the care and support provided. Care staff understand the needs of the people they support and deliver care in a respectful way. We observed good interactions when people receive assistance with moving and transferring, whereby staff explained what they were doing and provided reassurance. In contrast, we also observed people spending long periods of time with limited interaction from staff. This could result in boredom and loneliness. Although there are opportunities for engagement in social and recreational activities, the level of stimulation people receive is variable.

The required improvements in relation to the standards of care and support provided to maintain the well-being of people identified at the last inspection have not been achieved. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Environment

The location, design and size of the premises are as described in the statement of purpose. The service provider continues to undertake renovation work throughout the building, including redecoration and replacement of flooring. There is sufficient space for people to socialise with others or spend time privately. People have their own rooms, which are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. There are sufficient toilet and bathing facilities available. Individual rooms have name plates for identification and signage throughout the building is bi-lingual. People have access to a pleasant and interesting outdoor space, which is easily accessible. The provider has installed a CCTV system since our last inspection, providing additional monitoring of communal areas and the exterior of the building.

Monitoring of systems to help mitigate risks to the health and safety of people at the service are not sufficiently robust. Health and safety records we viewed demonstrated routine completion of utilities testing, checks and maintenance relating to equipment such as hoists, slings and the lift. Regular testing of water temperatures are not in place. Testing for legionella has not been completed since 2012. Without regular testing people are placed at risk of potential harm due to scalding and illness due to legionnaires' disease.

Fire safety processes require strengthening. We noted gaps in the service's internal weekly fire safety tests. Monitoring of fire safety equipment is not sufficiently robust to ensure equipment is in good working order. Fire drills are not completed on a regular basis. These require improvement, and we expect the provider to take action to rectify this and we will follow this up at our next inspection.

Leadership and Management

The responsible individual (RI) maintains close oversight and has a presence on a daily basis at the service. The registered manager is responsible for the day-to-day management of the service. Monitoring arrangements, which review service provision are not sufficiently robust. Any potential deficits and areas requiring improvement are not routinely identified and brought to the RI's attention.

Staffing levels were sufficient on the day of our inspection to meet people's basic care needs. Staffing levels and deployment of staff should remain under review to ensure that people's emotional wellbeing is also met. For example, ensuring people who are experiencing boredom, or feeling lonely have opportunities to be actively engaged and stimulated throughout the day. Throughout our visit we saw communal lounges were regularly left unattended, and people appeared bored with no social interaction.

There are suitable selection and vetting arrangements in place to enable the service provider to decide upon the appointment of staff. We viewed staff files and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. Identification and references further support the individual fitness of staff to work at the service.

Care staff told us they are happy in their role and spoke positively about their employment. Staff are complimentary about the new clinical lead and changes they are introducing to service delivery. Staff do not have regular supervision to reflect on their performance or identify support they might require or discuss any work-related issues. Minutes of staff supervision are not detailed. The staff training matrix identified gaps in refresher training. A small number of staff are not registered with the workforce regulator, Social Care Wales within the required timeframe. Staff support and development requires further improvement, and we expect the provider to take action to rectify this and we will follow this up at our next inspection.

Appropriate notifications are not consistently sent by management to relevant regulatory bodies and statutory agencies. For example, applications for DoLS authorisations or safeguarding concerns are not being sent to CIW as required. We noted some improvement following our inspection in the receipt of notifications. This remains an area for improvement, and we expect the provider to take action, and this will be followed up at the next inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
21	The provider fails to ensure that care and support is provided in a way which protects and maintains the safety and wellbeing of people.	Not Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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57	Systems to ensure risks to the health and safety of people are reduced were not sufficiently robust, including fire safety risks.	New
36	Staff induction, supervision, training and registration with the workforce regulator are not sufficient.	New
60	The provider fails to notify CIW of events as required in regulations.	Not Achieved
16	The provider fails to ensure people and their representatives are involved in the review of personal plans including the review of personal outcomes or goals for each individual.	Not Achieved
58	The provider failed to ensure the administration of covert medication had appropriate and complete documentation.	Achieved

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