



## Inspection Report on

**Priory House Care Home**

**Priory House Home Care Ltd**  
61-63  
Gronant Road  
Prestatyn  
LL19 9LU

## **Date Inspection Completed**

03/10/2023

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Priory House Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Priory House Care Home Ltd.
Registered places	29
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">18 November 2022</a>
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People and their families feel happy with the care they receive. Care staff are patient, encouraging and treat people with dignity and respect. People and care staff know each other well because there is a consistent staff team.

Personal plans lack in detail and require more frequent review to ensure consistency with individual care needs. There are not always appropriate risk assessments in place, and these require further review, detail, and oversight. We identified a lack of oversight of the quality of care which could have a negative effect on people's health and well-being. This is an area which is affecting people's health and well-being and we have issued a priority action notice.

Care staff are content and feel supported by management to undertake their caring role. The manager and responsible individual (RI) take a hands-on approach and assist with caring roles in the event of staff sickness. Recent recruitment of staff has meant the staff ratios have improved, which gives staff more time to care for people. There are aspects of the service medication process which require improvement. We have therefore issued an area for improvement.

The environment is warm and homely. People have their own rooms with personal belongings and furniture. We identified certain aspects of the home require significant improvement and monitoring to ensure people's health safety and well-being. Therefore, a priority action notice has been issued.



## Well-being

People have control over their day to day lives and are supported with dignity and respect, but care records and communication are not up to date or effective and this has a negative effect on people's well-being outcomes. People are encouraged to be as independent as possible. People can choose meal options at mealtimes. We saw the food is freshly made and most options are healthy. We observed care staff providing choice of meals to individuals but not all meals were observed as being nutritional. Management adopts a hands-on approach within the service and know people well, but the oversight of care is poor. The environment is spacious and allows for people to choose where they spend their time. We found aspects of the environment required repair and de cluttering.

People's physical, mental, and emotional well-being are not always prioritised. Care staff are kind and tentative in their approach to people and their care needs. We observed care staff are encouraging, patient and know people well. Although appropriate links are made with most health professionals, there has been some delay in linking with dietitians, due to a lack of clarity regarding process and management oversight. This has had a negative effect on people's well-being. We have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The provider aims to reduce risk to individuals. Care staff we spoke with told us they know what to do and how to report if they are concerned about someone. The provider ensures care staff receive training and support to be able to safeguard people against risk and to ensure they can undertake their care duties safely. They take steps to ensure measures are in place to prevent future incidents; for example, they provide additional support and training for care staff.

The premises of this service are spacious and homely. We found several communal areas for people to choose to spend their time. These areas are set out to enable people to socialise with each other. We observed people spending time in various areas, including the dining room and conservatory. We observed people enjoying entertainment during our visit to the service. This took place in the entertainments room which overlooks the well-kept garden. However, the environment does not always support people to achieve their well-being outcomes. This is because we found aspects of the environment which requires monitoring. For example, we found clutter and dampness on walls next to beds. We have therefore issued a priority action notice.

## Care and Support

People are provided with care and support through a service which aims to focus on individual needs, wishes and routines. Staff consider people's preferences. We observed staff giving people choice of food and where they wanted to spend their time. We spoke with one relative who told us, "*Care staff are kind and patient and can't do enough for people. I am very happy with the care given here*". People have regular contact with family and friends, and we observed several visitors at the service. We reviewed personal plans which show there are some risk assessments in place, but these lack detail. Care plans are general and contain minimal information, which means care staff might not have enough information to fulfil their caring role to meet individual needs. The review and update of care files is not consistent or regular, which means the information recorded about individual need may not be consistent with actual care needs. Improvements are required to monitor, record, and produce timely and individual risk assessments regarding care needs, such as incidents, diet, skin integrity and corresponding care plans and risk assessments. This is an area which was highlighted for improvement during last inspection. 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.

People are supported to have access to health and other services. The provider aims to work with professionals to access healthcare to maintain their ongoing health and well-being. We observed visiting professionals discussing people's individual health needs with care staff. We evidenced care staff did not record these discussions within personal plans. Although we found evidence of some correspondence with health professionals, this is recorded by visiting professionals and not care staff or management. The service diary contains dates and signatures of visits by professionals to individuals. We evidenced no contact made with dietitians and poor recording in rounding charts and daily food diaries.

There are measures in place to aim to reduce risk to individuals. We viewed the safeguarding policy and procedures which are accessible for care staff. Care staff have completed training in safeguarding, lifting, and handling, falls and medication. Care staff we spoke with told us they know what to do if they are concerned about someone. We reviewed appropriate referrals to Local Authority (LA) and Care Inspectorate Wales (CIW).

Medication management in the service requires improvement. Care staff have undertaken medication training. We viewed the medication policies and procedures which are up to date and accessible to care staff. However, some staff, who administer medication, told us they had not reviewed the medication policies and procedures. We reviewed the Medication Administration Record (MAR) and identified some gaps. We saw there is no availability on the MAR record to indicate non-compliance of medication, which is if they have been refused. There was no temperature record for the medication room. We found the fridge

temperatures are monitored but the actual temperature is not recorded. We found several of the medication cabinets in people's rooms were left unlocked and some needed repair. The management and oversight of the medication process requires improvement. Where medications have been entered onto the MAR chart by hand, we did not see where the new medication had been checked and signed by another member of staff. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

## Environment

People are cared for in an environment which is homely, warm, and spacious. We observed people are content and relaxed in their environment. They are given choice where they choose to spend their time and we observed people being assisted to their areas of choice within the home. There is a large lounge and dining room, which provides people with opportunities to socialise and dine with others and to enjoy entertainment and activities. The garden is well maintained and is accessible from the lounge area or from numerous bedrooms. This gives people the opportunity to sit outdoors in warm weather if they prefer.

We found evidence, water temperature, fire drills, and electrical and legionella are tested in line with requirement. We saw an adequate supply of personal protective equipment (PPE) available throughout the home and effective hygiene arrangements and infection control to keep people safe from harm.

We saw communal rooms and bedrooms being cleaned throughout our visits and the housekeeping service told us they have sufficient equipment and resources. However, we found a number of areas in the home which required monitoring, cleaning, and fixing. We found some bedside cupboards do not open and people cannot access clothing. There is a range of equipment available, including specialist chairs, beds, and hoists, which although have received servicing, require regular cleaning. We found one room with significant issues which could be detrimental to individual health and well-being. These included damp and loose plaster next to the bed, an unattached call bell and unnecessary clutter and debris. Although these issues were rectified when we spoke with the manager, this is placing people's health and well-being at risk. We have therefore issued a priority action notice. The provider must take immediate action to address this issue.

## Leadership and Management

The provider aims to improve governance arrangements to support the smooth operation of the service. We evidenced the responsible individual, (RI), visits the service on a weekly basis, or more often. We viewed the policies and procedures for the service. We saw these are up to date, reviewed when required and are available to care staff. Three of the care staff told us they are aware of the procedures and had read them. Regular staff meetings take place within the service, and we viewed the records of these meetings for the last three months. These show evidence of discussions around the care and how staff can take steps to improve the quality of care provided. We have observed and found the management team are keen and aim to work with visiting professionals to improve the quality of care. They have produced an action plan to assist in the monitoring of improvements being made.

The provider has recently recruited new care staff. Care staff files demonstrate, appropriate pre-employment checks are made, which ensures staff are fit to work with vulnerable people. The staff team consists of long-standing care staff which provides continuity. We viewed staff rotas for the last three months and found an improvement in staffing levels. During our visit to the service, we observed staff sickness can affect staffing levels. Care staff we spoke with told us they feel well supported, attend regular and relevant training, and feel management are approachable if they need to discuss any concerns. Records show care staff are provided with regular supervision. The training programme demonstrates care staff attend a variety of training, including safeguarding, manual handling, diet, and fluids. The manager receives formal supervision from the RI and we viewed the supervision records to support this.

The service provider ensures oversight of financial arrangements and investment in the service. This is so that the service and care provided is financially sustainable to support people to receive the care they need. There are some vacancies at present, but we did not find any concerns relating to financial viability of the service.



### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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 and management team do not have sufficient oversight of care to ensure people's health, safety and well-being. The provider is required to ensure they monitor people's individual needs, ensure care records are updated and ensure timely links are made with health professionals.	New
15	The provider has not ensured care records are accurate, detailed and updated and reviewed. The provider needs to develop a system to ensure care records are reviewed and updated, to reflect individual care needs.	Not Achieved
57	The health and safety of the environment has not been effectively monitored and overseen, which means several aspects of the environment are not safe. The provider needs to establish a robust	Not Achieved

	monitoring system to ensure effective and regular review of the environment.	
--	--	--

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
58	The provider is not ensuring that medication is stored and administered safely and in line with medication policy and regulation. The provider needs to ensure medication is stored safely and medication cupboards are locked after use.	New

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 09/01/2024