



Inspection Report on

Priory House Care Home

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

Date Inspection Completed

12/03/2024

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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	25 September 2023
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

This was a focused inspection to check compliance with regulations. We spoke with people and their families on the day we visited. They told us they feel happy with the care provided. People are supported by a care team who have a good understanding of people's needs and what matters to them and treat people respectfully. Care staff feel well supported by management. They feel there are enough care staff available to undertake their caring role without rushing.

The communal areas are homely, clean, and warm and we saw people's rooms are personalised for their individual comfort with pictures, ornaments, and other items important to them. Improvements have been made to the cleanliness and maintenance of the environment since the previous inspection.

There is a Responsible Individual who oversees the management of the service. However, improved oversight is required of medication management, care planning and staff recruitment practices so that people can be assured the service is managed safely.

Well-being

People have control over their everyday lives. People are encouraged to be as independent as they can be. Care staff approach people with respect and dignity. Meal choices are shared and discussed with people before mealtimes. The provider ensures the food is fresh and available. They take a hands-on approach at mealtimes. The environment is spacious, and several improvements have been made to the cleanliness and upkeep of the environment. There are several areas within the service, where people can socialise with each other, and visitors, including friends, family, and health professionals.

People's physical, and emotional health are not always a priority. Care staff know people well and undertake necessary training to undertake their caring roles. Care staff and the provider link with health professionals when care needs change. However, there is a lack of communication, accurate recording, and oversight regarding certain aspects of the care provided, including medication administration and care planning. The environment is planned to accommodate people's physical and mobility needs.

The mechanisms in place to reduce risk to individuals, require improvement. There are some risk assessments in place for individuals. Care staff take appropriate action to report to management if people are at risk or have been injured. The provider does not always ensure risk assessments are in place when risk is identified. We found some areas of the environment require monitoring and improved oversight; these include electric radiators in a communal area, which were hot to touch and pose a risk to individuals and clutter around a fire escape. These were removed immediately.

The premises of this service are spacious and homely. There are 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 being assisted by care staff in various areas, including the dining room and conservatory.

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 care staff being respectful and available towards people throughout our visits. People are encouraged and supported to continue with their daily routines, ongoing health appointments and regular visits from friends, family, and professionals. People's care plans show people have individual routines. Although personal plans contain risk assessments, these are not always generated at the time risk is identified. We also found information recorded within personal plans and risk assessments is contradictory to daily notes. For example, the risk assessment identifies a risk; but the daily notes at the same time and date, states "no issues". This indicates a lack of communication between care staff and management. The provider stated they are introducing new risk assessments but this is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

People are supported to have access to health care and other services. The provider takes steps to link with professionals. We observed care staff and management discussing people's health needs. Care records demonstrate professionals call on a regular basis to attend to people's care needs. Visiting professionals have reported a lack of consistent communication and response to their guidance.

There are some measures in place to reduce risk to individuals. Care staff have completed the necessary training to undertake their role safely. This includes safeguarding, moving, and handling and first aid training. The service safeguarding policies and procedures are up to date and are available for care staff. Care staff told us they know what to do if they are concerned about someone.

The medication management by the service requires review, monitoring, and improved oversight. There have been several medication errors since the last inspection. Care staff have undertaken medication training. The service medication policies and procedures are up to date and available for care staff but are not always being followed. We found that monitoring of the medication process has recently been introduced, and the manager undertakes audits following guidance from medication professionals. However, these audits have not taken place at the required frequency agreed with health professionals. In addition, the audits have not included the medications for all residents. We reviewed the service Medication Administration Records (MAR) and found gaps and inaccuracies in the recordings. We reviewed a sample of audits undertaken in the last two months. Although these highlighted some areas for improvement regarding the medication process, these did not identify gaps and inaccuracies we found in these records. This is having an impact on people's health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Environment

The service environment is homely, spacious, and warm. The entrance to the service is secure and appropriate checks are made when visitors enter the property. This contributes to people's well-being and personal outcomes. People told us they are happy with their rooms and the communal areas. We observed people socialising and enjoying mealtimes whilst chatting with each other and care staff. The layout of the home and mobility aids and adaptations enable people to be as independent as possible. We saw these are cleaned and checked as and when required. Improvements have been made to several areas of the home.

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 identified risk to people's wellbeing from hot, unguarded portable radiators and clutter near a fire escape. This was brought to the attention of the responsible individual and was dealt with immediately.

Leadership and Management

The provider is working towards improved oversight of the service and the quality of the care provided. We saw the service policies and procedures are up to date and available for care staff. We evidenced the provider visits the service almost daily. They link with people, their family and visiting professionals to ascertain feedback and views about the service so they can implement improvements. People and their families told us they are able to approach care staff and management if they have any concerns. Staff meeting minutes records show, regular staff meetings take place. These records and care staff supervision records show discussions take place on any developments and planned improvements.

The staff team consists of long-standing care staff which provides continuity. 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 responsible individual (RI) and we viewed the supervision records to support this. The provider continues to recruit new care staff. Care staff files demonstrate appropriate pre-employment checks are not always made. This means staff may not be fit to work with vulnerable people. 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.

The service provider ensures oversight of financial arrangements and investment in the service. This is so 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
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
35	The provider has not ensured that vetting of new staff is carried out in line with the Regulations. The RI must ensure the fitness of staff prior to them commencing in their roles.	New
58	The provider is not ensuring that medication is stored and administered safely and in line with medication policy and regulation. The provider must ensure medication is stored and administered safely and that medication records are appropriately maintained.	Not Achieved
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

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.	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 monitoring system to ensure effective and regular review of the environment.	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
N/A	No non-compliance of this type was identified at this inspection	N/A

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Date Published 03/05/2024