



Inspection Report on

Priory Residential and Nursing Home

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

Date Inspection Completed

13/04/2022

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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	20/11/2020
Does this service provide the Welsh Language active offer?	This is a service that 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. Opportunities to participate in activities are available to people however levels of social interaction and stimulation are variable. Care staff treat people with respect and dignity, are safely recruited and supported. Each person has a personal plan of care. People and/or their representatives should be involved in the development and review of their plans. Medication practises require strengthening. Arrangements are in place to monitor and assess the quality of services. Improvements are required to ensure the regulatory body is informed for all notifiable events. The physical environment benefits from investment in ongoing renovation work. The Priory is a pleasant, homely environment with access to extensive and attractive gardens.

Well-being

People are encouraged and assisted by care staff to be as healthy as they can be. Drinks were offered and topped up as necessary. Meals looked appetising, portion sizes were appropriate, and people appeared to enjoy their meal. 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 people's likes and dislikes, allergies and specialist diets were known. People have developed good relationships with care staff whom they know well and this helps to support people's well-being and emotional health. Appointments with health and social care professionals are arranged for regular checks or if individual needs change.

Opportunities to participate in activities are available to people however levels of social interaction and stimulation are variable. There is an activity co-ordinator who was not working on the day of inspection. 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. Residents' meetings are held on a regular basis. Recent staff interviews involved people receiving a service, their views and opinions of candidates incorporated into the appointment of new staff.

People are treated with dignity and respect. Personal plans of care highlight people's preferences, likes and dislikes. People are supported to maintain their personal appearance. We observed good interactions when people receive assistance with moving and transferring. Care staff interacted with people in a natural friendly caring manner. It was apparent that staff knew the people they cared for well and their likes and preferred choices.

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. We saw bi-lingual signage around the home. We were told that documentation could be provided in Welsh if required.

The provider had measures in place to protect people from the risk of abuse. Staff we spoke with were familiar about the types and indicators of abuse and told us what action they would take. Risks to people are assessed and their safety is managed and monitored. Character and suitability checks of staff to undertake their roles before providing care are completed. Staff complete safeguarding training.

Care and Support

The service considers a range of information to determine whether it can meet people's individual needs. The service has a clear admission process. This includes an initial assessment of people's needs.

An electronic care documentation system is in use at the service. People's plans are detailed and specific to their individual needs. We saw there are personal and social histories in people's records which also indicate choices and preferences about their care. Personal outcomes for individuals are not consistently completed within plans. Care plans are reviewed and updated regularly. Due care and attention is required to ensure all information is relevant and up to date and provides clear guidance for staff to follow. For example, a person with a specific mental health issue did not have an appropriate assessment or guidance for staff to follow. There continues to be a lack of evidence demonstrating people and/or their representative's involvement in the development and review of personal plans. Reviews should also include if people have been able to achieve their own personal outcomes. This is an area for improvement, and we expect the provider to take action, and this will be followed up at the next inspection.

There are systems in place to ensure that people's best interests are promoted. We saw where people lacked the mental capacity to make important decisions relating to their life, Deprivation of Liberty Safeguard (DoLS) authorisations had been requested and put in place. The service maintained a record of applications it had made. Conditions identified within authorisations are not consistently transferred and included in people's plans of care and consequently not actioned. For example, a bed rail risk assessment had not been completed as required. Additionally, the provider has not submitted the required notification of applications made for DoLS authorisations to CIW.

Current medication practises require strengthening. For example, covert medication paperwork had not been completed fully or reviewed appropriately. Medication folders were disorganised with loose sheets of paper and people's photos were missing. This is an area for improvement, and we expect the provider to take action, and this will be followed up at the next inspection.

Most people we spoke with during our visit were happy with the care and support provided. Comments made included "*Staff look after me really well*" and "*I love it here*". However other comments included "*nothing really happens here*" and "*I feel lonely and isolated in my room with nothing to do*". Care staff and people receiving a service appear to have built positive relationships. 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. However, we also observed people spending long periods of time with limited interaction from staff. Which could result in boredom and loneliness. Even though there are opportunities for engagement in social and recreational activities, the level

of stimulation people receive is variable especially when the activity co-ordinator is absent. This is an area for improvement, and we expect the provider to take action, and this will be followed up at the next inspection.

Environment

People benefit from a safe and secure environment. On arrival, the main door was secure and we were asked to sign the visitors' book. The service provider has undertaken renovation work throughout the building. Including redecoration and ongoing work to replace flooring. There is sufficient space for people to socialise with others or spend time privately. People have their own rooms, which are warm, clean and personalised to their own taste. People have family photos, cards and trinkets in their rooms, which gives a homely feel to their surroundings. Individual rooms have name plates for identification and signage throughout the building is bi-lingual. People have access to pleasant and interesting outdoor space, which is easily accessible.

Maintenance records we viewed demonstrated routine completion of utilities testing. The auditing and servicing of equipment are up to date and fire safety tests and drills are completed within required timeframes. Personal Emergency Evacuation Plans (PEEP's) are in place and detail the level of support people require in the event of an emergency. The provider carries out checks and maintenance relating to equipment such as hoists, slings and the lift. The provider has a system in place to record and monitor maintenance requests.

Leadership and Management

The responsible individual (RI) maintains close oversight of the service and has an active presence on a daily basis. The RI completes the required quality assurance reviews that support oversight of the service. Regular monitoring arrangements, which review service provision, and assess the quality are in place. These incorporate and takes account of the views of staff and people receiving a service.

Staffing levels were sufficient on the day of our inspection to meet peoples basic care needs. However, 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 isolated and lonely have opportunities to be actively engaged and stimulated throughout the day. Throughout our visit we saw that the main lounge was regularly left unattended, and people appeared bored with no social interaction. One person told us *"There is nothing to do, I just sit and look out the window"* another person being cared for in their room said, *"nobody comes in to see if I am ok, I do feel lonely"*.

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. The majority mentioned how *"supported"* they felt by the management arrangements in place. Staff are complimentary about the new clinical lead and changes they are introducing to improve service delivery. Staff have regular supervision to reflect on their performance, identify support they might require and discuss any work-related issues. The staff training matrix provided after our inspection identified some gaps in refresher training. This is linked to restriction imposed during the pandemic and a focus on direct service delivery and will be addressed as the impact of the pandemic continues to reduce.

Appropriate notifications are not consistently sent by management to relevant regulatory bodies and statutory agencies. For example, applications for DoLS authorisations, staff testing positive for an infectious disease and occurrences of pressure ulcers are not being sent as required. This is 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
N/A	No non-compliance of this type was identified at this inspection	N/A

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
60	The provider fails to notify CIW of events as required in regulations.	New
16	The provider fails to ensure people and their representatives are involved in the review of personal	New

	plans including the review of personal outcomes or goals for each individual.	
58	The provider failed to ensure the administration of covert medication had appropriate and complete documentation.	New
21	The provider fails to ensure people do not feel lonely, isolated or bored.	New

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