



Inspection Report on

Priory House Care Home

**Priory House
Milford Haven
SA73 3UA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

02/06/2023

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About Priory House Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Priory Project Ltd
Registered places	9
Language of the service	English
Previous Care Inspectorate Wales inspection	30/03/2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are very happy with the care and support provided at Priory House and speak highly of care staff. People are actively encouraged to make choices regarding how they live their lives and spend their time. Care staff treat people with dignity and respect and have a good understanding of the needs of the people they support. Care documentation is accurate and up to date, helping care staff deliver good quality care and support. Care staff feel supported in their roles and receive training, so they remain sufficiently skilled. A safe recruitment process ensures care staff have the necessary skills and qualities needed for working with vulnerable people. Although an RI is in place, governance and quality assurance must be strengthened in order to evidence robust oversight of the service. The environment is maintained to a very good standard, enhancing the well-being of people living at the home.

Well-being

People are protected from harm and abuse, as far as is possible. People have risk assessments and management plans which help to keep them healthy and safe. Although risk assessments relating to people's care needs are in place, risk associated with their individual activities, such as when visiting local cafes, bowling or going out in the car, need to be developed. Care staff receive safeguarding training and there is a safeguarding policy which is aligned with national statutory guidance. Care staff we spoke to said they are aware of their safeguarding responsibilities and the process for reporting concerns.

People are supported with their health and well-being. Care staff know the people they support well and can recognise any changes to their physical or mental health quickly. We saw evidence that advice is sought promptly from the relevant professionals, such as GPs, health specialists and social workers, when needed. There are medication management systems in place in order to ensure people's medication is stored and administered safely.

People can voice their opinions and are treated with dignity and respect. People and/or their relatives and representatives are involved in their care planning and contribute to reviews of their care. Personal plans are up to date and accurately reflect people's current needs. Resident meetings are held where people get the opportunity to voice their opinions. People are also consulted individually on a regular basis. Positive feedback from people regarding care staff indicates they are kind, respectful and well informed.

People live in a home which supports their well-being. Priory House is clean and comfortable throughout. There is a spacious, well-maintained garden and a large patio area which people can access when they choose. People can personalise their rooms to their preference. Communal rooms are homely and well decorated. The home is maintained to a high standard. An ongoing programme of maintenance, checks and servicing promotes environmental safety.

Care and Support

All people living at the service have personal plans. These set out the best ways of supporting people to achieve their identified outcomes. Personal plans are person centred, meaning they are specifically tailored to each individual. We examined a selection of personal plans and found they are clear and concise. Risk assessments associated with care provision are also included. These highlight potential risks and strategies for keeping people safe. Care staff we spoke to told us personal plans contain the right level of information for them to provide effective care and support. Personal plans are reviewed to ensure they remain relevant. We saw evidence that people and their relatives participate in person centred reviews in which the effectiveness of their care plan is discussed, together with any changes which might need to be made.

People have very good relationships with care staff. We observed positive interactions between people and care staff throughout our inspection. It was evident care staff know the people they support well and are familiar with their needs and daily routines. We saw care staff engaging with people in meaningful conversations, speaking in a friendly and respectful manner. People and their relatives provided consistently complimentary feedback regarding care staff.

Medication management systems are effective, ensuring medication is stored and administered safely. Medication is stored securely and temperatures are recorded. People have medication support plans detailing how and when they take their medication. There is a medication policy and care staff receive training to help them administer medication in line with best practice guidance. We examined a selection of medication recording records (MAR) and found they are completed accurately. This indicates that people receive their medication in line with the prescriber's recommendations.

Written information is available for people to view. The statement of purpose sets out the service's aims and objectives and evidences how it can meet the range of needs the service caters for.

Environment

Priory House can accommodate up to nine people and the home is set over two floors. People living in the home benefit from a comfortable, homely and well-maintained environment. Communal areas are clean, decorated and furnished to a very good standard. We spoke to people in the communal dining room and in their own rooms. They looked comfortable and relaxed and interacted with care staff and with each other in a spontaneous and easy manner. People we spoke to told us they were very happy with the environment and its facilities. People's bedrooms are light, spacious and have been personalised with things which reflect their tastes and interests. These include pictures, ornaments and other items of importance. All personal and communal areas are clean and clear from clutter. There is a well maintained garden which is safe for people to walk or sit in if they choose to. People can utilise this space for relaxing or participating in activities.

There is a rolling programme of checks and maintenance ensuring the environment, facilities and equipment are safe. Utilities such as gas and electricity are regularly inspected by appropriately qualified people and have the necessary safety certification in place. There is sufficient storage space available and substances hazardous to health are securely stored. The home is secure from unauthorised access with visitors having to sign in on arrival and out on departure.

Leadership and Management

Care staff are subject to a recruitment process which ensures they are suitable to work with vulnerable people. We examined several personnel files and found the necessary pre-employment checks had been completed. These checks include references from previous employers, previous employment history and Disclosure and Barring Service (DBS) checks. On commencement of employment, new employees must complete an induction programme and probationary period. Care staff are required to register with Social Care Wales, the workforce regulator, to ensure they are suitably qualified.

Care staff are trained to meet the needs of people living at the service and feel valued and supported. Care staff receive core and specialist training. Core training covers generic topics such as health & safety and safeguarding. Specialist training is specific to the needs of the people living at the service, such as epilepsy and behaviour management. We looked at records relating to training and found the service is largely compliant with its training requirements. We also looked at records relating to supervision and appraisal and found care staff are generally receiving the required levels of formal support. Care staff we spoke to said they feel well supported in their roles by the manager and by their colleagues. They reported a positive sense of team morale and said the home is a very good place in which to work.

Some governance and quality assurance measures are in place to help the service run smoothly. The trustees for the service visit monthly, on a rotational basis, and speak to the manager, staff and people living in the home. They are very familiar with people living in Priory House and with care staff. Following their visits the trustees complete a template to record their findings and discuss any issues with the manager. The Responsible Individual (RI) has some oversight of service provision and visits the home but there is no formal arrangement for her to visit to meet with members of staff and residents at least every three months as required. In addition, six monthly quality of care reports must be produced by the RI, following her engagement with people living in the home and other relevant people, such as people's representatives, service commissioners and staff employed at the service. These reports must comment on the quality of care and support provided, including areas of strength and where the service might develop further. These areas of non-compliance do not appear to have had a significant impact on the health and well-being of people living in the home. We have therefore identified them as areas for improvement and expect the RI to have instigated robust arrangements for visiting, monitoring and improving the service by the time of 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
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80	The RI does not have arrangements in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service.	New
73	The RI does not visit the care home at least three monthly to meet with people and with care staff.	New

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