



Inspection Report on

Priory Residential and Nursing Home

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

Date Inspection Completed

05/04/2024

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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	28 September 2023
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

People and their families are happy with the care and support provided at the service. Improvements in relation to the standards of care and support to maintain the safety and well-being of people were seen at this inspection. Risks to people's health and safety including fire safety have also improved.

Opportunities to participate in planned events and activities are available, levels of social interaction and stimulation remain variable on a day-to-day basis. Each person has a personal plan of care which is reviewed regularly. Personal plans do not always identify people's personal goals and aspirations or how these can be met. Evidence of people's involvement in decisions that affect their day-to-day life still requires improvement. For people who lack the capacity to make important decisions relating to their life, oversight of their freedom and liberties has improved.

Care staff treat people with respect and dignity. Staff support and training is lacking in some areas. Further improvements are required to ensure the regulatory body is informed of all notifiable events. A manager and new clinical lead oversee the service on a day-to-day basis. The Responsible Individual (RI) is also based at the service and completes required reports in accordance with the regulations.

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 continues to improve. Guidance for care staff to follow when supporting people to manage their mental and emotional wellbeing is now available. People have regular access to GP services and appointments with health and social care professionals are arranged. The storage and administration of medication is monitored by the new clinical lead to ensure medical conditions are managed accordingly. People's likes and dislikes, allergies and specialist diets are known and catered for. Drinks and snacks 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.

People are encouraged to have control over their day to day lives where possible. Individuals are given the opportunity to make everyday selections such as clothes to wear, where to spend their day, food and drink options. People decide if they want to spend their time alone or with others. Resident meetings are held in order for people's views and wishes to be taken on board. Where people lack the capacity to make important decisions relating to their life, best interests' assessments are completed to justify measures which may restrict people's freedom and liberties. Personal plans do not contain people's goals and aspirations which would give people further control over their life choices.

There are opportunities to be involved in planned events and activities. The activity co-ordinator is supported by a small group of volunteers. During our visit we saw one volunteer providing manicures. Staff interactions with people can be predominantly task orientated especially during busy periods for example in the mornings. Some people still appear to be spending long periods of time with limited interaction from staff which can lead to boredom and feelings of isolation.

People are protected from abuse and kept safe from potential harm. Risks to people are assessed and monitored. There are systems in place to record accidents and incidents and actions required. The provider has a safeguarding policy and guidelines for staff to follow. Systems to help mitigate risks to the health and safety of people at the service have improved. The service has a range of health and safety checks which are now completed on a regular basis, including water temperature and legionella. Fire safety checks and monitoring of fire equipment are also now completed on a regular basis.

Care and Support

People we spoke with commented positively about the quality of care provided by care staff whom people know well and who they have developed good relationships with. People appear settled in their environment, with relatives telling us they are also happy with the support people receive. Care staff understand the needs of the people they support, are compassionate and deliver care in a reassuring and respectful way.

Each person receiving a service has a personal plan that outlines their basic care and support needs. Risk assessments and management plans identify people's vulnerabilities and promote safe practice. 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 always included. Evidence of people's involvement in reviews and decision-making processes are also not always included. The above issues remain an area for improvement, and we expect the provider to take action, and this will be followed up at the next inspection.

Systems in place to ensure that people's best interests are promoted have improved. Where people lack the capacity to make important decisions relating to their life, appropriate assessments are completed to explain and justify the introduction of measures which restrict people's freedom. Deprivation of Liberty Safeguard (DoLS) authorisations are sought where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe. Better evidence of how people with capacity contribute to and make decisions about the care and support they receive and any restrictions made in their best interests are required.

People can access the necessary health services to maintain their health and wellbeing. This includes access to GP services. We saw individuals have been referred to other healthcare professionals as and when needed. It is apparent that staff know the people they care for well and notice any changes in their health and well-being quickly. The storage and administration of medication is monitored by the new clinical lead to ensure medical conditions are managed accordingly. The clinical lead has identified failings in the recording of transdermal patch applications and this is being addressed with nursing staff. The clinical lead will also complete a new covert medication authorisation form for one resident which was out of date.

Environment

The premises, facilities and equipment are suitable for the provision of the service. We walked around the environment and found it was clean, safe and comfortable. We found people's rooms reflect their individuality with their possessions and keepsakes on display. The service has an on-going programme of maintenance with regular servicing of aids and equipment. Areas are redecorated as and when necessary. The responsible individual (RI) oversees the service's maintenance arrangements.

Monitoring of systems to help mitigate risks to the health and safety of people at the service have improved. 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 is now in place and legionella testing has been completed. Additionally, we saw improvements in the monitoring and auditing of fire safety systems, including regular equipment checks, regular testing of fire alarms and fire drills being undertaken. The service is currently reviewing fire zones to improve the evacuation process.

Leadership and Management

The responsible individual (RI) maintains close oversight and has a presence on a daily basis at the service. The registered manager with support from a new clinical lead are 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. People and/or their representatives can contribute to the development of the service. The RI was observed walking around the service stopping and talking to both residents and staff. Resident meetings are held on a monthly basis to ensure people can provide feedback on the service they receive.

There are systems in place to support staff and develop their skills. Newly appointed care staff complete an induction programme which includes training and shadow shifts. We noted one new staff member had not completed all core training as part of their induction. We also noted when staff are on probation there was limited evidence to demonstrate regular meetings with line managers to discuss work performance, training levels and any actions required. Staff training records indicate care staff have access to training opportunities, and a number of courses had been scheduled for staff to complete this year yet gaps still remain. The above issues remain an area for improvement, and we expect the provider to take action, and this will be followed up at the next inspection.

Formal supervision provides the opportunity for care staff to discuss any concerns or training needs they may have and for management to provide feedback on their work performance. All staff had recently received supervision, the frequency now needs to be embedded and sustained. There is commitment to ensuring all care staff undertake the qualifications required to enable them to register with Social Care Wales (SCW) the workforce regulator. However, we noted not all staff had registered within the required six months. This remains an area for improvement, and we expect the provider to take action, and this will be followed up at the next inspection.

Notifications are not consistently sent by management to relevant regulatory bodies and statutory agencies. For example, applications for DoLS authorisations or skin integrity concerns are not being sent to CIW or safeguarding as required. 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
N/A	No non-compliance of this type was identified at this inspection	N/A
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.	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
36	Staff induction, supervision, training and registration with the workforce regulator are not sufficient.	Not Achieved
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
57	Systems to ensure risks to the health and safety of people are reduced were not sufficiently robust, including fire safety risks.	Achieved

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